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## Nurses' Alumnae Association Bulletin - Volume 17 Number 1

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# Nurses' Alumnae Association Bulletin

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1891



1952

School of Nursing of the Jefferson  
Medical College Hospital

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Volume 17

April, 1952

Number 1

# ALUMNAE DAY

May 3rd, 1952

Luncheon - - - at 12.00 in Ball Room

BELLEVUE-STRATFORD HOTEL

BROAD AND WALNUT STREETS

Return Luncheon Reservations by

April 25th, 1952

to

MISS BETTY PERSOL

1012 SPRUCE STREET, PHILADELPHIA 7, PA.

*NOTICE – Tickets on sale at door only, day  
of luncheon. (2.75—Correct change  
appreciated)*

DANCE

RITZ CARLTON HOTEL

BROAD STREET AT WALNUT

Dance-9 P.M. 'til 1 A.M.—Junior Ball Room

Music by Tom Darlington

and his 'Music of the Years'

*NOTICE – Admission by invitation only!*

Alumnae Day is not complete without you.

Please come!



# JEFFERSON NURSES' ALUMNAE ASSOCIATION BULLETIN

## FINANCIAL REPORT

December 31, 1951

PUBLISHED ANNUALLY

### OFFICERS 1952

President.....MISS ANNA KUBA  
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Second Vice-President.....MISS MARGARET SUMMERS  
Recording Secretary.....MRS. JEAN DAVISON  
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*Nominating*  
MRS. CATHERINE G. PAINE, *Chairman*  
*Hospitalization*  
MISS MARTHA RILAND, *Chairman*  
*Private Duty Section*  
MISS MARIE CANNON, *Chairman*  
MISS MARGARET LOGAN, *Vice-Chairman*  
JEAN B. DAVISON, *Recording Secretary*

Cash on Hand	
General Fund .....	\$ 2,965.69
Relief Fund .....	1,363.60
Scholarship Fund .....	165.26
Investments	
Relief Fund .....	\$33,675.00
Scholarship Fund .....	14,500.00
Liabilities .....	None
Net Assets or Resources .....	\$53,115.66

### TABLE OF CONTENTS

	Page
Alumnae Notes .....	31
Committee Reports .....	5-7
Digest of Alumnae Association Meetings .....	3
Greetings from Miss Childs .....	7
Greetings from the Educational Director .....	8
Greetings from the President .....	3
Graduation Awards—1951 .....	35
Jefferson's New Hospital Addition .....	10
Marriages .....	29
Necrology .....	30
Neurosurgery Department .....	15
New Arrivals .....	30
New Drugs .....	27
Notes on the Cause of Leukemia .....	13
Nursing Staff .....	33
Saul Among the Prophets .....	17
Staff Activities, 1951-1952 .....	9
Students' Corner .....	32
The Hospital Pharmacy .....	24
The Student Nurse Association of Pennsylvania .....	31
White Haven and Barton Memorial Divisions .....	12

# NURSES' ALUMNAE ASSOCIATION BULLETIN

VOLUME 17

APRIL, 1952

NUMBER 1

### DEAR ALUMNAE:

I welcome the opportunity to greet you and to tell you that I am deeply grateful for the honor you have bestowed upon me in electing me your President for 1952.

The Alumnae Association has been very active this past year, and I want to thank those who have labored so diligently in its behalf. Active support, such as you have given, is necessary for the continued expansion and growth of the organization. Your willingness to work hand in hand in order to achieve our goals is very much appreciated and inspiring. Each of us can help in the work to be done and the decisions to be made in our own organization and in the district, state and national associations.

Jefferson continues to advance in rapid strides. Some of the physical changes, the medical advancements, and the activities of the student nurses are reported to you in the interesting articles from the various departments.

It is the sincere hope of those of us who are here at "Jeff" that many of you will be able to join us on Alumnae Day.

Sincerely yours,

ANNA KUBA, *President.*

### DIGEST OF ALUMNAE ASSOCIATION MEETINGS

#### MARCH 16, 1951

49 members present.

New members accepted: Janet Stauffer, Eleanor Paris, Helen Parcel, Allene Hanna, Helen Johnston, Pauline Prebula, Marilyn Buxton, Ellen Baron, Mary Moore Brumbaugh, Mary J. Skubic, Mary Levinsky.

The Association accepted the following recommendations: That the Alumnae Association subscription to the *American Journal of Nursing* be discontinued. Dr. Anthony DePalma, Professor of Orthopedic Surgery, presented a very interesting talk on the "Bone Bank" at Jefferson and some of the recent advances made in Orthopedic Surgery.

#### APRIL 20, 1951

50 members present.

New members accepted: Florence Bell Deighan, Anne Hare Inemer, Cora Baker, Rosina Kelly.

The Association acknowledged a \$100.00 contribution to the Relief Fund from the sale of stockings by Miss Kevel.

The following recommendation was accepted:

That the hospitalization benefits to Mrs. Viola Hafler Shafer be extended for an additional two weeks because of her long illness.

Dr. Lowell Erf, of the Hematology Department, gave a very interesting talk on "Radioactivity."

#### MAY 19, 1951

36 members present.

New members accepted: Idabelle Reeder, Mary Reeder Copeland.



The following recommendations were accepted:

1. To place the \$105.00 profit from the dance on Alumnae Day in the Relief Fund.
2. To place \$1000.00 of the profits from the Scholarship Drive in the Relief Fund.
3. To donate \$25.00 to the Salvation Army.
4. To purchase an addressograph.

An auction sale for the benefit of the Relief Fund followed the meeting. Miss Kevel was the auctioneer and collected \$78.00 from the sale of objects donated by the various members.

#### SEPTEMBER 21, 1951

51 members present.

New members accepted: Mary Nye Woodwell, Constance Robinson Forker, Clara Richardson, Eleanor Mannino, Irene Murray, Magdaline Macinko, Nina Davis. The Association acknowledged a donation of \$50.00 for the Relief Fund from Mrs. E. H. Robinson and Miss Amanda Melander, sisters of the late Anne Melander.

A contribution of \$100.00 to the Relief Fund from the sale of stockings by Miss Kevel was graciously acknowledged.

The following recommendations were accepted:

1. That five delegates (three Alumnae members and two students) be sent to the PSNA Convention in Pittsburgh.
2. That \$100.00 be given to each delegate for expenses.
3. That \$10.00 be contributed to District No. 1 to help defray the expenses of the Cancer Forum.
4. That two delegates be sent to the luncheon of the Cancer Forum.
5. That the Entertainment Committee be permitted to proceed with arrangements for the Fall Dance.
6. That the Alumnae Prize to the graduating nurse receiving the highest average in the three years' training period be increased to \$100.00.
7. That the Clara Melville Scholarship of \$300.00 be awarded to Dorothy B. Ranck.

Since the meeting was held in the Nurses' Home, refreshments were served after adjournment.

#### OCTOBER 19, 1951

35 members present.

New members accepted: Barbara Edwards Beam, Colleen Hysmith, Rachael Donald, Hope Kramer Mood, Jane Heffelfinger Thomas, Elizabeth Moll Robbins, Elizabeth Furtaw, Agnes Goff Anderson, Bertha Marcocci Ledet, Jean Reeves Wolfe, June Matsuo, Elva Morris, Ida Jane Snook. The Association acknowledged a donation of \$25.00 to the Relief Fund from Miss Lillian Mertz.

The following recommendations were accepted:

1. To contribute \$50.00 to the United Fund Campaign.
2. To send *Reader's Digest* to the chronically ill members.
3. To donate \$300.00 to the Nurses' Home Committee of the Women's Board to help defray the expenses of new slip covers for the Graduate Nurses' living room.

Rev. Stockman, of the Seamen's Institute, presented a brief talk about the United Fund and the Community Chest.

Dr. Griffith gave a very interesting report on the epidemic of viral dysentery which had occurred among the student nurses in September.

#### NOVEMBER 16, 1951

25 members present.

New members accepted: Janet Withka, Claire Van Horn, Germaine Ross, Beatrice Bixler.

The following recommendations were accepted:

1. To pay our dues of \$5.00 to the Institute for Cancer Research at Lankenau Hospital.
2. To contribute \$100.00 for an advertisement in the *Nosokomos*, the student nurses' yearbook.

Miss Keiper and Miss Skvir presented reports on the Cancer Forum Luncheon held on October 29, 1951.

Mrs. Spruance, Miss Piersol and Miss Kuba reported on the PSNA Convention in Pittsburgh. Miss P. J. Boerlin, one of the students who attended, gave a very interesting report on the activities and the organization of a student nurse section on the state level.

A psychological film, "Overdependency," was shown and enjoyed by all present.

#### JANUARY 18, 1952

40 members present.

New members accepted: Ruth N. Young, Audrey Roberts, Virginia Rozell, Marion Ramp, Jeanne Holzbauer, Jean LaLiberte, Mary Kate Weber, Nancy Kostenbauder, Donna Fleck Gearhart, Olive E. Thomas.

A contribution of \$100.00 to the Relief Fund by Miss Kevel from the sale of stockings was acknowledged.

The annual election of officers for the Association and for the Private Duty Section was conducted.

### THE CLARA MELVILLE SCHOLARSHIP FUND

In 1951 the Clara Melville Scholarship Fund, sponsored by the Jefferson Nurses' Alumnae Association, had its most successful year. A sincere thank you to each one who helped to make it so.

The offering of an opportunity to win one of two \$200.00 Vacation Funds and the prizes of \$25.00 for selling the winning chances, created much interest and enthusiasm. From the proceeds of the drive, interest on money invested and gifts, \$3,705.87 was realized. \$1,000.00 was turned over to the Relief Fund to show our appreciation for the cooperation and help given the drive. \$1500.00 was turned over to the Board of Trustees of Jefferson Hospital, to invest for us, bringing the total to \$14,500.00 in the Scholarship Fund.

We are proud of the fact that we can now give a \$300.00 scholarship yearly to one of our graduates who is a full time student at an approved school for Advanced Nursing Education.

The scholarship in 1951 was given to Miss Dorothy Ranck who is attending the University of Pennsylvania.

HENRIETTA FITZGERALD SPRUANCE, '21,  
Chairman, Scholarship Fund Committee.

### THE RELIEF FUND

It is the function of the Ways and Means Committee to raise money for the Relief Fund. The interest from the invested principle of the fund is used to pay for hospitalization and nursing service of sick members at Jefferson Hospital, and during the past calendar year, this amounted to \$1091.60. The ultimate goal is to have an



invested fund which will yield enough interest to provide for sick benefits for members at any hospital in any state. The principle now invested is \$33,675 and the interest received in 1951 was \$1530.79, which, as you can readily see, falls short by far in providing a general hospitalization fund.

Added to the Relief Fund in this past year were: \$430.00 from donations; \$325.00 from the sale of stockings by Miss Kevel; \$1000.00 of the money collected from the drive for the Scholarship Fund; \$78.00 from the Auction Sale; \$110.35 from the card party; \$1220.56 from the drawing held in November, and \$245.00 from the sale of Christmas cards.

To thank my committee, each Alumna and friend of the Association who gave so freely of her efforts, time and money is far beyond my reach. But if we didn't have friends like you, we couldn't have a fund like ours! Keep it growing so that we may soon realize our goal!

ISABELLE KEVEL, *Chairman,*  
*Ways and Means Committee, 1951.*

### ENTERTAINMENT COMMITTEE

The function of the Entertainment Committee is to give the Alumnae Association some form of entertainment and enjoyment.

The outstanding and most important event of the year is the program for our Alumnae Day.

The members of the committee have worked hard in organizing the program for Saturday, May 3, 1952. The announcement is outlined in the front of this bulletin.

Please try and attend the luncheon this year, as we would like to make the goal of four hundred or over in attendance. We almost made this number last year, but lacked a few due to some last minute cancellations.

The admission to the Dance will be by invitation only. The invitations can be secured from the following people: Misses Piersol, Summers, Bonnenberger, Keiper and J. Messa. Please contact one of them before the dance if you are planning to attend. The invitation must be shown at the door.

The committee was responsible for the arrangements for the Fall Dance which was held in November, 1951, at Hotel Adelphia Roof Garden. Everyone who attended had a most enjoyable time.

Plans are being formed for a dinner to be given to the graduating class of 1952 by the Alumnae Association. The date and place have not been decided upon at the time this Bulletin goes to press. In previous years these dinners have proved to be very successful. Last year there was a 100% attendance of the class.

Come and join your class members at the Bellevue-Stratford Hotel, on Saturday, May 3, 1952, at 12 noon, and make this year your biggest reunion.

BETTY PIERSOL, *Chairman,*  
*Entertainment Committee, 1951.*

### BULLETIN COMMITTEE

The members of this committee have tried to bring you the news of the past year accurately. If there are any errors, we will gladly accept corrections, as we are not able to verify items that are handed to us. Any suggestions will be welcomed and appreciated.

Every Alumnae can help us put out a better Nurses' Bulletin by sending us news and information about herself or another graduate. If you know of any graduate who does not receive a BULLETIN, please notify Elsie Skvir, Educational Department,

Jefferson Hospital, Philadelphia, Pa. It's probably due to the fact that we do not have the correct address. Please let us know when you move.

ELSIE SKVIR, *Chairman.*

*The Bulletin Committee, 1952.*

### PRIVATE DUTY SECTION

1951 was a very busy year for our nurses doing private duty. The supply could not always meet the demand. There are now 134 nurses on the active list. These nurses are members of the Jefferson Nurses' Alumnae Association and the ANA. There are, at present, 42 on the inactive list.

Miss Mary E. Bonnenberger left to do Industrial Nursing at the Philadelphia Electric Company. Mrs. Jean Beard Davison is now supervisor of Women's Surgical Ward. Miss Viola Fox who supervised 8th Annex for a number of years is doing private duty.

A letter was received from Dr. Hamrick, stating that on and after October 16, 1951, the nurses doing private duty at Jefferson were to receive \$12.00 for an eight-hour day.

At the 47th Annual PSNA Convention held in Pittsburgh on October 29 to November 1st, the Private Duty Section made three recommendations that were accepted by the joint business group:

1. That a survey be made of all registries, hospital, commercial and official, and to study their guiding principals for regulation of registries throughout the state (This was questioned, but it was brought out that the Economic Security Committee would have a better channel through which to work.)
2. That Private Duty Nurses be paid private duty rates when called for general duty. That this be considered for inclusion in the minimum standards at the next private duty forum meeting.
3. That an Institute be held in the spring of 1952 and that each section have a workshop similar to the one held in Johnstown District, No. 5. (The Institute is to be held in Altoona in the Spring of 1952.)

The Officers elected to serve the Private Duty Section of the PSNA are:

*Chairman*—Mrs. Alice Kauffman, Kingston, Pa.

*First Vice-Chairman*—Mrs. Louis Beaver, Huntingdon, Pa.

*Second Vice-Chairman*—Miss Mary E. Brown, Altoona, Pa.

*Secretary*—Miss Helen Hall, Allentown, Pa.

HENRIETTA FITZGERALD SPRUANCE, *Chairman,*

*Private Duty Section, 1951.*

### GREETINGS TO THE MEMBERS OF THE JEFFERSON NURSES' ALUMNAE ASSOCIATION!

The time is drawing near for the reunion, a time when we here at home can be brought up to date on the activities of those of you who are away and you can see for yourselves the new developments here at home.

Just a few statistics in regard to the staff, more details of which appear elsewhere in the Bulletin.

<i>The Nursing Staff</i>	<i>March 1, 1951</i>	<i>March 1, 1952</i>
Administration	5	5
Faculty	12	12
Supervisors	16	16
Head Nurses	28	27



General Duty .....	96	117 (9 part time)
Students .....	214	207
Non-Professional Personnel:		
Practical Nurses .....	14	9
Nurses' Aides .....	91	86
Orderlies .....	26	25
	<hr/>	<hr/>
	502	504

As you can see the ratio of graduates to students to non-professional personnel is good. However, we are still able to give less than the minimum hours of nursing care per day. Starting the 44-hour week for all nursing personnel has influenced this to a great extent as we undertook that project with almost no additional staff. This cut our nursing care to patients by some 1400 hours per week. Unless we can materially increase our nursing staff, the 40-hour week, so talked of by all groups today, would be impossible at the present time.

Each of you can be a great help to us in improving patient care if you will work to interest graduates in joining the staff and also interest young women to enter the School of Nursing.

Two projects on which you could bend your efforts most effectively are

- (1) An endowment for the School of Nursing which would help relieve the hospital of some of the financial responsibility for the School;
- (2) A new Nurses' Residence.

In view of the expansion program being undertaken by the hospital, this latter is an absolute necessity. Without it we cannot continue to attract and hold the calibre of young women needed in the School and on the graduate staff in adequate numbers.

Living quarters should reflect the fundamental standards of the occupants and can do much to color attitudes and conduct.

Both these projects may seem completely out of reach and will remain so unless we unite to do something about them.

Give both matters some thought. Then put your thoughts into action!

My sincere good wishes to you all.

KATHERINE CHILDS, *Director,*  
*School of Nursing and Nursing Service.*

## HINDSIGHT

*Greetings to the members of the Jefferson Medical College Hospital School of Nursing graduates!*

Nursing education, with its goal of better nursing service, involves busy days and nights for instructors, graduates and students. In our never-ending quest for adequately prepared faculty members; properly qualified students; modern teaching facilities, and the other manifold problems of curricula formulation and administration, we are inclined to overstress the present and to over-emphasize the future. Foresight is a great asset in all phases of nursing education and service, but retrospection is also very valuable.

To be able to visualize such a gathering as your Alumnae Day—a happy, prosperous group of graduates—must be very gratifying to the instructors who aided you to acquire your goal. Suffice it to say that Hindsight is indeed refreshing and a veritable stimulant to faculty members to carry on.

It is not only a duty, but a pleasure and prestige to direct the Educational activi-

ties of your school. In the years ahead may Hindsight never be overshadowed by Foresight, may the former be always a guiding light for the latter.

Again, greetings and best wishes to all of you.

DOROTHY NENTWIG,  
*Educational Director.*

## STAFF ACTIVITIES — 1951-52

The organized staff met, following the summer vacation in September, 1951, to discuss plans for the coming year.

Two new forms, the weekly timeslip and the office report, were presented and their use discussed. These forms have been in use by each department and to date appear satisfactory.

In January Miss Ronco led in discussion in the form of a workshop, the subject being the "Orientation Program for the Students and Graduate Nurse."

The following officers for the year 1952 were appointed:

*President* ..... Bettyann Auman  
*Secretary-Treasurer* ..... Margaret Summers

Dr. Flint, Resident in Hematology Department, spoke to the staff nurses in February on the subject of Intravenous Therapy.

The following committees were appointed by the President:

*Program* ..... Miss Ronco, *Chairman*

Miss Ramp  
Mrs. Kopec

*Public Relations* ..... Miss Westberg, *Chairman*

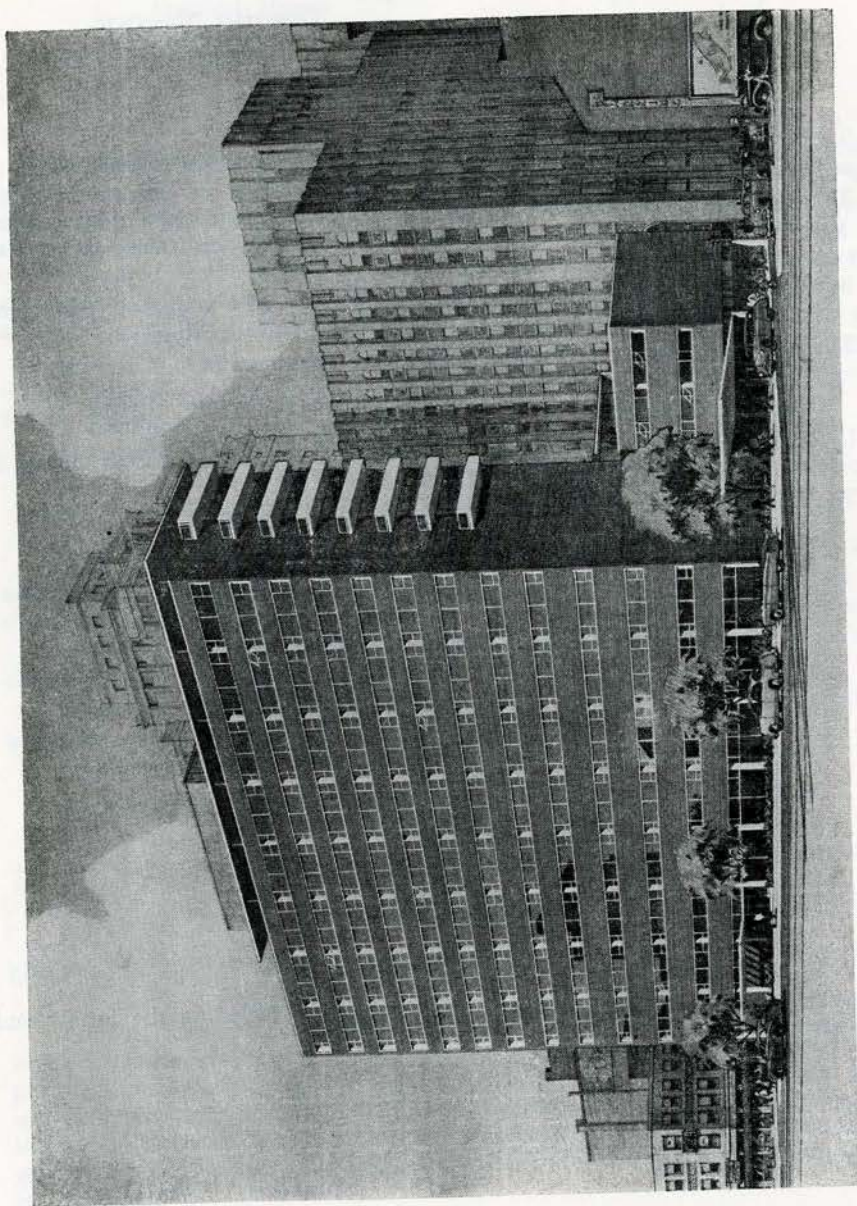
Miss Mosser  
Miss A. Miller  
Miss Keiper

*Procedure Revision* ..... Miss Josephine Messa, *Chairman*

Miss Semerjian  
Miss Shenk  
Miss Graber  
Miss Whitney  
Miss Muster  
Miss Bushek  
Mrs. Munroe  
Mrs. DeCola

At the present time there are 177 graduate nurses, including the faculty and administrative staff.





THE NEW ADDITION

## JEFFERSON'S NEW HOSPITAL ADDITION

HAYWARD R. HAMRICK, M.D.

*Vice-President and Medical Director*

One of the greatest tasks that has ever faced Jefferson is the current campaign to raise \$6,000,000 to build a new 300-bed hospital pavilion. Fortunately Jefferson has institutional funds and credits of \$1,500,000 which may, if necessary, be applied to this project. That is why it has cut its public appeal to \$4,500,000, a goal which is reasonable and possible of achievement.

Since Jefferson has added few new beds at the Main Hospital since the construction of the Thompson Annex in 1924, no one may charge the hospital with unnecessary expansion. In that year, 9,429 patients were admitted. Last year, the hospital admitted 21,316 patients, an increase of 125%, with virtually the same service facilities.

### Increased Laboratory Services

This immense increase in patients has been paralleled by a rise of 114% in operations and more than 200% in radiographic and laboratory services. The scattered surgeries and laboratories in the Main Hospital are no longer sufficient for the increased load, nor is it possible to provide more space in their present locations. With the removal of these facilities to the new building, more space will be available in the old building for class and demonstration rooms, nurses' utility rooms and other ward adjunct facilities, the need for which has long been felt.

### New Wing Under Construction

The new fourteen-story pavilion will occupy the block between Walnut and Sansom and Eleventh and Clifton Streets, on ground acquired, parcel by parcel over a period of twenty-five years. Its mass will have an enormous effect on the appearance of the whole neighborhood, which is largely one of small stores. Already the removal of old buildings and the erasure of the parking lot have been succeeded by bulldozers and steam shovels gouging huge holes in the earth for the foundations. Sightseers and "sidewalk superintendents" are following the operations with great interest.

The new building is of clean, functional design. The architect regards the interior planning as a model of hospital efficiency and assures the trustees that it will be superior in its arrangements to any hospital structure in Philadelphia.

### Floor Arrangements

The first floor will have entrances on both Walnut and Eleventh Streets, the latter leading directly to the elevators. The admitting offices are on this floor with information and telephone sections, offices, a lounge with lockers for doctors, and a lunch room with attached kitchen facilities.

The second floor is devoted to new radiographic facilities with eight rooms for radiographic, angiographic, and fluoroscopic services, supported by a variety of rooms for film viewing and processing. Rest rooms and lockers are provided for technicians.

The third floor will house the new clinical laboratories, providing space for hematology and the blood processing rooms, serology, bacteriology, cytology, surgical pathology, clinical microscopy and chemistry. The arrangement is compact, with every facility for efficiency. This laboratory, as well as the radiographic and surgery floors, will serve the entire hospital.

The fourth and fifth floors will be devoted to surgery, providing fourteen operating rooms arranged in suites with accompanying anesthetic rooms. The sixth floor will contain four gynecological operating rooms, four delivery rooms, three labor



rooms, a conference room, nurses' station, and lockers and rest rooms for both staff and nurses.

Beginning at the seventh, up to the thirteenth, all floors are nursing floors, each with a solarium and a sun deck. The tenth floor, however, is for maternity cases and will have three nurseries with six bassinets each. Everything has been done to save steps and make the nurses' labor easier on all nursing floors.

The building is surmounted by a spacious roof terrace, providing a sunny and cheerful spot for both patients and nurses.

All of the beds in the new building are in the private or semi-private categories.

### One of Nation's Largest Hospitals

A section of the Thompson Annex will be altered to provide a new psychiatric section with several private rooms and three wards. This area will have its own dining room. With this addition, the hospital will be able to supply better clinical facilities for this branch of medicine.

When the new project is completed, Jefferson will have about 1,100 beds, excluding those at Barton and White Haven. This will make it rank with the two or three largest hospitals in the country.

### More Students Should Be Attracted

The nursing dilemma will, of course, be aggravated at Jefferson, requiring intensive recruiting to secure enough nurses to serve the additional patients. The great advantages, however, that Jefferson offers both as to size and the quality of instruction, because of its great medical staff and wide variety of specialties, should attract more students than the hospital which lacks integration with a great medical college.

All of Jefferson's alumnae will certainly take added pride in the growth of the hospital, whose importance to the community, the state, and the nation has been increasing since its founding, 127 years ago.

Jefferson's staff and faculty have contributed \$561,000 toward their \$675,000 goal for the new building and the Board of Trustees has pledged another million dollars. The public thus has ample evidence of the loyalty of Jefferson's family and the warm ties which all of us share in our relations with this old and distinguished institution.

## WHITE HAVEN AND BARTON MEMORIAL

ANGELA R. COZZA, R.N., AND HELEN M. WHITNEY, R.N.

1951 brought a few minor changes in the physical plant of the sanatorium at White Haven. The section which had been occupied by the business and administrative offices in the Flick Building (the Main Building) has been converted into a neat patients' pavilion known simply as "Section A." This consists of two small wards with three beds in one ward and four beds in the other. The rest of the beds are in single or double rooms. This area is occupied by patients who are up on exercise and whose discharge merely depends on their period of rehabilitation and stability while on exercise.

Dr. Martin J. Sokoloff succeeded Dr. Burgess Gordon in the directorship of the Chest Department of Jefferson Hospital. We have been able to hospitalize about fifty of the Philadelphia tuberculosis patients. This arrangement has introduced the admission of several colored patients to an institution and an area which is almost wholly white. They seem to like it "up on the hill."

The Anthracite Health and Welfare Fund continues to send anthracosilicotic patients for treatment for a period of three weeks. These patients are often rotated

and request returns for a "vacation" so that they may be admitted several times during the course of the year. For those miners who are more severely afflicted by their asthmatic condition, and who need continuous or intermittent oxygen therapy, in addition to their intermittent positive pressure treatment, an infirmary was opened last spring. These patients are mostly bedfast and are, of necessity, hospitalized for longer periods of time than those who come back for their "vacation."

The sanatorium proper, together with the two buildings for the miners, now boasts of three television sets. The recreation center has one—and several of the patients on the Private pavilion have their own. This area is known as a fringe area, but the reception is surprising when one considers the fact that Wilkes-Barre, our closest big city, does not have television.

Dr. George Mandler, who had been in charge of the medical students' program when it was active during the winter and spring months, has gone to Missouri to practice group medicine.

Shortly after that we saw the last group of two student nurses leave also. It is expected that when the classes are over that the young women will again spend a few weeks at a time with us. They were thoroughly enjoyed and appreciated as well as providing a spirit of youth and zest to our nursing staff.

The Hallowe'en and Christmas parties were staged in the auditorium, and the programs were a huge success. The year closed on a sombre note with the impressive annual ceremony of the nurses' carol singing by candlelight in each of the buildings and outside on the snow covered ground.

At the Barton Memorial Division, the Women's Board Committee have been very active and one of the many things they did was to sponsor a Christmas Party for all employees, which was a great success.

## NOTES ON THE CAUSE OF LEUKEMIA

FRANKLIN R. MILLER, M.D., *Department of Hematology*

The enlargement of the spleen and lymph nodes in patients whom we assume to have leukemia was known to the ancients. The first modern descriptions of these diseases were published in the middle of the nineteenth century. Because the blood of these patients appeared white (due to the high leucocyte counts) the name leukemia, which means white blood, was given to them.

Even though the name leukemia is still in use it has become apparent that none of these diseases is a blood disorder in itself, but that the fundamental derangement is in the blood forming organs. Today cases of leukemia are recognized with normal, high or low leucocyte counts; the diagnosis usually resting on the appearance of abnormal cells in the peripheral blood.

Most of the early articles pertaining to leukemia were case reports and descriptions of the various types of the disease. During the past fifty years, however, much work has been done to elucidate the cause or causes of these diseases.

Three theories of the origin of the leukemias have been advanced. One of these is that they are caused by infection, another that they are neoplastic growths, and the third that they are brought about by disordered hormonal control or metabolic imbalance.

1. *Infectious theory:* Many attempts have been made to isolate bacteria or viruses from the nasal passages, mouth, throat, blood stream, stools and urine of patients with leukemia. Animal passage of organisms from such individuals has been tried frequently. Experiments of this type have not accomplished the reproduction of leukemia in other animals. An agent that will pass through a porcelain filter candle is causative for these diseases in birds. This work, again, cannot be duplicated in



experiments with human leukemia. It would seem that there is little evidence that human leukemia in any form is caused by bacterial or filter-passing organisms.

2. *Neoplastic theory:* Leukemia has been found in most mammals. It may be brought about by carcinogens in mice, and it may be passed from one animal to another only by cell transplants. Because of this work it appears to many authorities that leukemia is of neoplastic origin.

3. *Metabolic theory:* There is much evidence that these diseases represent imbalances of metabolic processes, or possibly imbalances in humoral hormones. It is known that in Cushing's syndrome polycythemia may occur, while in adrenal insufficiency anemia occurs. It is also known that Cortisone or stimulation of the adrenals with ACTH brings about destruction of lymphoid elements and some increase in the production of myeloid red cells, white cells and platelets. This means that blood cell production is at least partially under hormonal control.

Here at Jefferson we believe that in most leukemia there exists an imbalance in the hormones that stimulate blood cell production. We have found two substances in the blood, in the urine and in the extracts of organs of patients with leukemia, one of which stimulates the production of myeloid red cells, white cells and platelets, and the other the production of lymphocytes. We believe that these two substances are mutually reciprocal in action, and that the stimulation of bone marrow or myeloid cells causes maturing of lymphoid cells and vice versa.

In a clinical way, especially from the histories of patients with leukemia, there is much to be gained in support of the metabolic theory. For instance, it is well known that exposure to irradiation from x-ray or from atomic sources causes an increased incidence of leukemia. Leukemia of any type is found eight to ten times as often among physicians who work with x-ray as it is in other individuals. A corollary to this is the fact that in our group of patients we have found four who had small doses of x-ray as treatment for eczema of the hands or face one year to four years prior to the development of leukemia. Interesting in this regard, too, is the fact that there was an increase in leukemia immediately after the atomic bombing of the cities of Japan, then a five-year lull. Now there are about ten times the expected number of leukemia cases in people from the two bombed cities.

In the literature there are many reports of leukemia occurring within days, weeks or a few months following trauma over long bones or over the spleen. The first edition of Osler's text book of medicine states that leukemia seems to follow physical trauma. Almost all of these cases are myeloid in type. Recently we saw an elderly woman who had fallen in August of 1951 and had an area of ecchymosis about 7 to 8 cm. in diameter over her right hip, the injury being to her upper right femur and pelvic bones. Within three weeks she was pale, easily fatigued and had lost her appetite. Within six weeks the diagnosis of subacute monocytic leukemia was apparent.

Exposure to benzol or its derivatives or to other solvents may be followed by hypoplastic anemia, thrombopenia, leucopenia, and in some instances by leukemia of any type. In regard to derivatives of benzol, we have had in our leukemia series fifteen patients who have used any one of a number of hair dyes (each of these of the Ursolt P type) for a matter of years. One was a negro mail clerk who dyed his hair for thirteen years in order to be assured of keeping his position. He was found to have chronic myeloid leukemia.

It has seemed to us and to others that the excessive use, particularly in children, of the sulphonamide drugs resulted in an increase in the leukemia rate. This, of course, has been difficult to prove. However, we have seen the advent of the leukemia process on three occasions in individuals whom we have known to have normal blood counts prior to the use of sulphonamide drugs.

Two of us have published six cases of chronic myeloid leukemia in each of which there has been evidence of psychic trauma or long standing emotional stress. The

history of each showed no other inciting agent. The following is a history of one of these patients:

The patient, a miner's daughter, was one of four children whose father was "frequently drunk." At fourteen she had to leave school to help her mother support the family. Following her marriage at the age of twenty she was subject to severe economic stress as a result of her husband's inability to hold a job, his heavy drinking, and his eventual desertion. After two years of struggling to support her five children it was found that she had chronic myeloid leukemia.

It is also possible that certain infections may be followed by an increase in the leukemia rate. An interesting fact in this regard is that childhood leukemia is most frequent in onset during the late winter and early spring, coinciding with the highest incidence of childhood diseases such as measles, mumps, whooping cough and chicken pox.

There are, therefore, several agents or sets of incidents which seem to be precursors or precipitators of the leukemia. To summarize, these are: trauma—physical or mental; exposure to x-ray or atomic irradiation; exposure to benzol or its derivatives; the use of arsenical or sulphonamide drugs; and various infections. We do not believe that each of these causes leukemia, but we believe that each may act as the trigger mechanism to upset the normal hormonal balance that maintains blood formation.

## NEUROSURGERY DEPARTMENT

RUDOLPH JAEGER, M.D.

*Chief of the Department of Neurosurgery of Jefferson Hospital*

The growth and development of surgery of the brain, spinal cord, and nerves had progressed to such a stage that Jefferson Hospital and Medical College found it necessary eight years ago to institute a complete Department of Neurosurgery. This Department was organized in an atmosphere of brain surgery, emanating from the fact that the very first brain operation ever performed successfully for the removal of a brain tumor was by Dr. W. W. Keen, a past-Professor of Surgery at Jefferson Medical College. This historical event occurred in 1886. The patient lived for thirty years following the operation and died from natural causes. Dr. Keen followed this man during all those years and on his death secured an autopsy, which disclosed the complete removal of the growth. The tumor, a portion of the skull surrounding the opening made in the skull through which it was removed, and the brain of the patient now reside in the Museum of Pathology at Jefferson Medical College.

The integration of the Neurosurgery Department with the many already well-established specialty departments at Jefferson has brought about a new concept in nursing to meet the needs of the patients who suffer from complicated diseases of the nervous system requiring surgical treatment. Methods for teaching the student and graduate nurses have had to be developed in order to provide adequate nursing skill for those needing neurosurgery. With the institution and development of a Neurosurgery Department at Jefferson, there have appeared many new nursing problems not heretofore confronting the nursing staff. These have been and still are a real challenge to the ingenuity, intelligence, and energy of our staff nurses and have imposed a newly added burden to the already crowded curriculum of the student nurse.

To more clearly illustrate these new problems, I shall divide them into three main groups: (1) the student nurses' neurosurgery curriculum; (2) floor nursing, and (3) duties of the neurosurgery operating room nursing staff. To this should probably be added those problems presented to the nurse anesthetists, since we use nurses exclusively as anesthetists in the Neurosurgery Department.



The necessity for teaching the student the newer techniques of neurosurgical nursing is apparent when we realize that 5 per cent of our beds are filled with neurosurgical patients, another 5 per cent with neurological patients, and perhaps an equal number with patients suffering from major psychiatric problems. Add to the specific problems of these groups other closely related nursing problems—such as intractable cancer pain, paralysis of various parts of the body, and accident-ward head injuries—and we can see that about 20 per cent of our hospital patients present symptoms that require intelligent knowledge of diseases of the nervous system and methods for applying efficacious nursing care. The student, therefore, must be taught to recognize the symptoms of mental and nervous derangements and their significance. A blow to the head may cause transitory, harmless stupor and confusion, as shown by the boxer who is "knocked out." The same blow, however, may kill the fighter when it causes a large blood clot on the brain and when the prolonged stupor of this lesion has not excited the curiosity of the attending nurses. A similar blow may induce a temporary mental confusion lasting for several weeks, varying in intensity from a slight loss of memory and disorientation to the mannerism of a delirious raving maniac. The proper restraints, protections, and feeding of this type of patient require a special technique. The stupor of terminal intracranial-pressure cases, so commonly seen in brain tumor, must be recognized promptly in order that appropriate measures for its relief can be instituted. Tube-feeding techniques must be taught, as well as the care of incontinent patients and the prevention of bed sores.

None of these special problems can be met intelligently without thorough didactic instruction in anatomy, physiology, and clinical symptomatology, together with bedside instruction. It can readily be seen that teaching of this kind adds many new problems to those of the teaching staff. It must be remembered, however, that scientific progress must be attended by drastic changes in teaching and curriculums. Too often the old methods of teaching are retained long after their usefulness has passed. It is no longer necessary or wise to teach nurses the techniques of using mustard plasters, administering antisera, applying stupes to the abdomen, and many other archaic nursing procedures. Our antibiotics have almost completely eliminated many of the irksome chores of the past and in their place we have the opportunity and obligation to substitute teaching pertaining to the wonderful discoveries of modern medicine. Foremost among these discoveries are the miracles of surgery of the nervous system. Jefferson's neurosurgical nursing and medical staffs are trying desperately to keep up with the evolutionary changes in this rapidly moving kaleidoscopic picture. Keeping up to date requires the discarding of the old and obsolete as well as grasping on to the new. Otherwise, our minds and methods become cluttered with useless antiques of a decadent past like the attic and basement of the home of an aged couple who spend their lives packing, arranging, mothproofing, and caring for antiquated rubbish that has outlived its usefulness.

Floor nursing of neurosurgery patients requires an alertness of mind and observation that is probably necessary in few other specialties. The nursing staff at Jefferson has met this challenge in an admirable manner in spite of physical handicaps imposed by an inconvenient scattered arrangement for the care of these patients. With the completion of our new hospital now under construction, there will undoubtedly be new quarters for our neurosurgery patients. This will greatly lighten the nursing burden and make for greater safety in their care. We feel sure our present deficiencies in floor-nursing care will be eliminated with the rearrangement of ward and room care when the new hospital is opened.

It is in the neurosurgery operating room that nursing still must meet the highest standards of intelligence, poise, and technical perfection. The most highly skilled neurosurgeon is blundering, frustrated, and dangerous without an adequate, skilled, and intelligent nursing staff in the operating room. Neurosurgery technique demands

a detailed knowledge of infusion methods, electrocoagulating machines, nerve and brain electrostimulators, electroencephalographic apparatus, suction equipment, special drapes, suture materials, motor saws and drills, metals, plastics, and many other types of material and equipment not used in other surgical procedures. Purposeless motions, defective instruments, slips in sterile technique, and inadequate preoperative planning and preparation all add up to a prolonged operation, with little chance of curing the patient. In the not too far distant past, it was not unusual for a brain operation to take ten to twelve hours, with little chance for the patient's survival. It is commonplace at Jefferson for an unhurried brain operation to take less than an hour or two, and with the patient up and walking about the following day.

In the new hospital there will be a new operating suite especially designed and equipped for operations on the brain, spinal cord, and nerves. Also being planned is a training course for nurses showing an aptitude and desire for training in this special field. There is a great demand for nurses skilled and trained in neurosurgery nursing at attractive wage levels. Any nurse who has the highest ambition for her professional attainment should consider training for service in this new, interesting, ever changing, challenging specialty. I have high hopes that many Jefferson graduates will make their career that of a neurosurgical operating-room nurse.

The present Neurosurgery Department has its base of operation in the Neurosurgery Department office, located off the main hallway on the first floor of the hospital. Here Dr. William Whiteley and myself have our offices for the direction of the Department. There are two secretaries in the office to aid in departmental details. There are three full-time residents in neurosurgery, Dr. John McGuire, Dr. Henry Shoemaker, and Dr. Luis Najarro, who are training to become full-fledged and, we believe, outstanding neurosurgeons. The operating room is in the eighth-floor suite, west side, where there are four neurosurgical nurses, Miss Lois Pennypacker, Miss Mary Alice Bond, Miss Patricia Shoemaker, and Miss Germaine Ross. The Department runs an out-patient division in the Curtis Clinic on each Thursday afternoon.

Students as well as graduate nurses are always welcome to our administrative office or the operating room. There is an amphitheatre in the operating room where we try to make it comfortable and interesting for you. Operating days are Monday, Wednesday and Friday.

## SAUL AMONG THE PROPHETS\*

BERNARD J. ALPERS, M.D.

\*Address delivered at Commencement Exercises of Nurses  
Jefferson Medical College Hospital  
Philadelphia, May 5, 1951

Prophecy ill becomes the physician. Accurate as he may be in diagnosis, and skillful as he may regard himself in treatment, he must confess often to a sense of futility in the prognostication of disease. Many a person given only a few months or years to live, belies the prophetic wisdom of the doctor and induces in him that best of all leavens—humility. A few more failures in predicting the outcome of disease and he has learned the corollary of humility—caution. Tonight, I hope to demonstrate by my own example that when a man becomes bold and proud, prudence is thrown to the winds. I intend therefore to be neither humble nor cautious, but to assume, with fitting humility, I hope, the role of prophet in a discussion of the problems which confront the nursing profession, problems which are common to the most recent as well as to the oldest graduate, problems indeed in which not only the nursing, but also the medical profession are intimately involved. To fortify me in my boldness, I have chosen as the text of my address, a passage from the first book of Samuel (I Samuel



10:11-12), "And it came to pass, when all that knew him beforehand saw that, behold, he prophesied among the prophets, then the people said one to another, 'What is this that is come unto the son of Kish? Is Saul also among the prophets?'" . . . Therefore, it became a proverb, "Is Saul among the prophets?" A perusal of journals of nursing and of recent reports manifests the role of the major prophets of the nursing profession in the determination and solution of the problems of twentieth century nursing. As a minor prophet, I should like briefly to discuss the issues which confront us, and as a parting bow, to say something regarding their solution.

#### NURSING PROBLEMS

The nursing profession, like medicine, finds itself at a crucial period in history. Monumental changes in the practice of medicine, in social patterns, and in moral and ethical values make necessary a reconsideration of established methods and an appraisal of new remedies. Recognition of our predicament need not dishearten us, since history is a series of recurrent crises, and our problems in medicine today reflect merely the changing needs of our times. It is no more possible for medicine or nursing to remain static, than for a human being to live his life without crises and without a need for contemplation and reconsideration of values.

The present period in nursing is as crucial for the future of the nursing profession as in the early days of Florence Nightingale. The emergence of nursing as a profession followed her sacrifices in the Crimean war, but her struggle to overcome the resistance by the military authorities and later of the civil authorities to change in the care of patients resembles in its fundamentals the crisis which faces us today. Her efforts to bring dignity to nursing and the heartbreaking struggle which she encountered in founding the Florence Nightingale School of Nursing in St. Thomas's Hospital serve us today as an inspiration in the attack on the social, economic and medical problems which medicine and nursing must resolve. She broke new ground in the establishment of nursing as a profession; it remains for us to readjust our needs to the demands of a changing world. The problems of 1951 are not those of 1856, but we must recognize that institutions, like human beings, face recurring problems, and that the measure of the health of an institution is found in its ability to cope with and adjust to new situations.

But Florence Nightingale bequeathed more than an institution and its heritage of problems. She transmitted for posterity a set of intangibles; ideals of service and love which motivated her thinking and directed her energies. Were it not for these and for the religious fervor which drove her on, it would have been impossible for her to have executed her many accomplishments and to have triumphed over blind obstinacies. This, it seems to me, is the moral of her life to which we need rededication. In humanitarian professions such as medicine and nursing, it is impossible to labor meaningfully, if sight has been lost of the principles of service on which they are founded. Problems we shall always have, but always they must be regarded in the setting which I have mentioned. It would be unjust to imply that we have forgotten them, but it would be difficult to deny that our emphasis has at times been misplaced. The life of Florence Nightingale, like that of other reformers burning with a vision and with a desire to see it enacted in practice, exemplifies the fact that a principle worth working for is worth fighting for. Wracked with disease and importuned by her friends to regard her health, she manoeuvred and fought until she had enacted into law the reforms for which she had struggled so courageously. The problems which face us require the same courage and determination as guided her through her tasks. Florence Nightingale established for eternity the right of patients to sanitary care and founded for medicine the human solution for the relief of suffering. In doing so, she bequeathed to mankind not only the nurse as a symbol of mercy, but the institution of nursing with its manifold problems. In her efforts to overthrow long-established

procedures as a means to reform, she encountered the sort of opposition which follows on the surrender of traditional customs and habits. Privileges are not easily surrendered whether they be in Victorian England or in twentieth century America.

In institutions, whatever their nature, it is easy to lose sight of the motivations of the founders in the solution of more immediate problems. It is necessary only to regard the volumes which have been written on our own Constitution in order to recognize the need for guidance in accord with what the Founding Fathers had in mind. So, too, it is with the words of Christ, Mohammed or Moses. Entangled as we may be in problems economic or social in the nursing crisis of the present day, and sympathetic as we may find ourselves to their consideration as an expression of 20th century thinking and ideals, it remains our duty to regard them against that backdrop of idealism and sacrifice for which we are indebted to a Victorian pioneer.

At the risk of boredom, I should like briefly to review some of the problems which face us in nursing at the present time. Since awareness of a problem is the first step in its solution, it may help in your future adjustments to have some knowledge of the major issues both in nursing practice and education.

Whatever else may be controversial, none deny that the most significant problem in nursing today is the shortage of personnel. This is now greater than ever, and there are many reasons for it. "When individuals who have the financial ability to pay for nursing care cannot obtain it; when hospitals with waiting lists are forced to close down wards or limit the admission of patients because they are unable to provide nursing service; when communities which have authorized positions for public health nurses do not attract applicants; when all these circumstances attest to the prevailing shortage of nursing personnel, its existence can no longer be denied nor its implications neglected" (A program for the Nursing Profession—p. 2).

There are at present 316,500 nurses engaged in civilian nursing (Rusk) with a total of 506,000 registered professional nurses in 1949 (American Nursing Association). While the 316,500 nurses engaged in civilian practice represent an increase of at least 50% over 1941, the number falls nearly 65,000 short of that needed for ordinary civilian service. Added to this shortage now are the thousands of nurses who will be needed in the military services, for public health nursing in congested areas near military establishments and defense factories, and industrial nursing. Regarded in another light, it has been stated that almost a third of the registered nurses in the United States were not working when the nation began its post-Korea speed-up in mobilization. There are at least 205,000 nurses on the inactive list.

The reasons for the lack of nursing personnel are abundantly clear. One of the clearest issues is that nursing as a profession no longer attracts many recruits who would have chosen nursing without hesitation in times past. Other professions and occupations now receive girls who constituted an abundant reservoir for schools of nursing. There are many more openings for fulfillment of careers than in the days of Florence Nightingale and young high school graduates may choose one of several possibilities. We are confronted, moreover, with the bold fact that there are many occupations which require a shorter period of training yet provide superior rewards. Workers in industry generally have shorter and more regular hours and fare better in such matters as overtime pay and pensions. By the same token, however, the opportunities for fulfillment in nursing as a profession are greater now than they were a century ago, so that the failure to attract girls to nursing cannot be attributed to competition with other outlets.

These are the unembellished facts, but they fail to give the whole story. The spirit of nursing appears to be lost in statistics. There are more opportunities to be sure, but there are also more girls for more opportunities. Why then has nursing been by-passed for other vocations or professions? The answer it seems to me is not to be realized by statistics. It is because young women seeking a career are no longer fired



by a desire for service. I grant the statements concerning hours, greater pay, better pensions, and the like, but if the will to serve is fervid, the rewards to be gained from giving can hardly be compared with more utilitarian values. Sympathetic as I am to all the needs of nursing and medicine, I deplore the present tendency to emphasize utilitarian as opposed to humanitarian values. The resolution of the equation seems to be its pragmatic value. Nurses are now being prepared for a forty-hour week, salaries have become the criterion of usefulness of service, and both internes and nurses are accepting service, not on the basis of opportunity, but primarily on the basis of financial rewards. We need reforms in medical education, but we need self-contemplation equally as much.

While the twentieth century has made careers for women more readily available than ever before, it has also provided greater gains for the average person and has increased the demands for nursing care. Partly responsible is the increasing complexity of medical care. There are more and more conditions in which the nurse is now an integral part of the solution to a medical problem. To cite only a few examples: The broadening horizons of neurosurgery have increased the number of conditions for which relief is possible as in herniated disc, hypertension, mental disorders and aneurysm to mention only a few. All these require expert nursing after care, care in which the nurse plays a major role in the recovery of the patient. Not many years ago the admission of patients with neuroses, depressions and mental ailments was unthought of in a general hospital. Today, many general hospitals not only admit such patients for treatments, but some have special divisions for them. All this requires specially trained nurses and special nursing care. The number of examples could be multiplied and all would confirm the contention that medicine itself requires more help from nurses and therefore more nursing hands. (Patients, too, have come to the point of demanding nursing care partly because they have been educated to do so by doctors themselves and by the easy publicity of our present day world.)

Shortages are due also to the loss to the nursing profession by nurses who fail to practice their profession. It is estimated that about 8% are lost to the profession in this manner each year. Chief among the causes for withdrawal from nursing is marriage, for which fortunately no remedy is needed. Of the 205,000 inactive nurses in 1950, 87% were married. More can be said, however, regarding other withdrawals. "The evidence suggests that about 20% of all withdrawals is attributable to the individual's instability or unsuitability of temperament for nursing; in other words, one out of every sixteen recruits never should have been admitted." Studies indicate, however, that the withdrawal rate is much lower in outstanding schools such as you have the honor to represent, where the motivation is good.

All things considered, then, the shortage of nursing personnel is the result of loss to competing professions and occupations, an increasing demand for medical care, and a loss by marriage and by withdrawal for other causes. But these are not the only factors in the picture. Some of the most vital arise from the demands of nurses for social benefits and reforms consonant with conditions of the present day.

Nursing pay is low. I say this with full consideration of the problems which face hospital administrators, but all agree that nurses' wages have not kept pace with increasing demands (although their pay has increased steadily from an average of \$105.00 a month in 1941 to \$176.00 in 1946. As of 1950, nurses' pay averaged \$226 per month in the Pacific States and \$206.00 a month in the New York-Pennsylvania-New Jersey area).

I should hesitate to prolong this economic appraisal of nursing problems, were it not for the fact that it is vital to your future welfare that they be understood clearly and not squarely. Shorter hours, elimination of the split shift, provision for vacations, retirement pensions, security against unemployment—these are only some of the issues

which face us at present, issues which we hope will be resolved slowly but equitably for the benefit of nursing and medicine alike.

Opposed to the factors which I have mentioned are trends within the profession itself which makes an already complex problem doubly complex. I refer to the increasing demands of nurses' education. In this respect, the nurse stands shoulder to shoulder with her brother in mercy, the physician. So great have been the advances in nursing and medicine and so widened are the horizons that increasing demands have been made on the curriculum, both of the nurse and the doctor. It is not enough that we must become grounded in the medical sciences, but it is essential that we know something of the social sciences and related fields. The result has been of course that more hours are now given to book knowledge and relatively fewer to the actual care of the patient. I am not among those who believe that this is a pernicious trend. I regard it as an inevitable outcome of our day and age. But it is a trend which can lead to unrealistic ends and can make of the nurse something for which she was not intended. Nursing education has come to emphasize the need not only for collegiate but for graduate degrees, with the result that an increasing number of nurses are educating themselves for teaching positions in order that hospitals may fulfill the demands of inspecting and accrediting boards. The outcome of all this is a further depletion of nurses for patient care, partly because of the demands of education boards and partly because of the increased pay in supervisory positions. We need a serious consideration of our training programs in order to be certain that we have not lost sight of those matters for which the nursing profession was founded.

#### A PROGRAM OF SUGGESTIONS

I have no doubt that the problems which now beset nursing will in the course of time find equitable solutions. They cannot be ignored, nor will they be evaded if all those involved—doctors, nurses and hospitals—are to continue to function efficiently for the good of the patient. You will have observed, I am sure, that the issues which I have mentioned involve primarily social and economic values. That these are important goes without saying. Equivalent problems are to be found in medicine. The issue of hours of work, split shifts, methods of education and paid vacations are reflections of the changing values of our time. And the issue of pay is equally significant. Nurses, like doctors, must live and must receive a return for their labors which permit them to live properly.

But is there not something else in nursing and medicine? Are there not values which are intangible; which cannot be resolved by reports of committees or compensated for by standards of exchange? Several weeks ago, there appeared in the Sunday edition of the *New York Times*, a report of the nursing shortage in the United States. Among other issues it was pointed out that nurses have had a tendency to go west in recent years. Commenting on this, one of the executives of the American Nursing Association had this to say: "They're a little farther advanced out there in their thinking, their programs and their pay-checks—and nurses—angels though they be, do follow the pay checks." This, if it is nothing else, is a realistic statement of one facet of the problems which confront us. But again, I ask, is it all? And is it the measure of our usefulness?

I am content to grant the many issues which harass us at the moment, and I am satisfied to admit that many of them have value, but I maintain that these are but problems of growth which beset a profession which was created for more purposeful and more humanitarian motives. Neither in medicine nor in nursing can we afford to lose sight of the fact that we are members of a profession in whom the passion to give and to help is stronger than the will to take. "Thou must open thine hand wide to thy brother." This is not an attempt to becloud the issues by raising false issues.



It is not an appeal to forget, but a call to revive what has seemingly been forgotten among many of us who deal with the care of the sick.

I believe the issue can be clarified by asking why you chose nursing as a profession. What motivated you to select nursing as a means of fulfillment? Not primarily financial gains. Is it possible that the urge to relieve suffering and to quiet pain which impelled the nurses of Florence Nightingale's day, is no longer felt, or if felt, is more diluted than a century ago? I have the impression that the call to nursing is not as powerful a motive as it was. Too many prospective nurses it seems to me approach their futures as a vocation when it should be approached as a profession, a profession in which the potentialities for good are immeasurable. We need a more emotional acceptance of nursing as a profession. We live in an age unfortunately in which the term emotion has come to have a sinister connotation, and emotion and sentimentality have come to be synonymous. It is impossible to treat the sick without an emotional feel for their problems. It is this which enables the nurse to soothe the sick and to encourage the dispirited. Perhaps it was a strange sort of prescience which led Prince Albert to adorn the Crimean decoration with the words "Blessed are the merciful." Blessed are the merciful. What words could better convey the spirit of the nurse as she wanders in and out of the sick rooms on the errand of mercy to which she has dedicated herself? Payne has said "The basis of medicine is sympathy and the desire to help others, and whatever is done with this end must be called medicine" (Payne). Perhaps no better tribute has been paid the nurse than that of Osler. "There is no higher mission in life than nursing God's poor. In so doing, a woman may not reach the ideals of her soul; she may fall short of the ideals of her head, but she will go far to satiate those longings of the heart from which no woman can escape. Romola, the student, helping her blind father, and full of pride and learning, we admire; Romola, the devotee, carrying in her withered heart woman's heaviest disappointment, we pity; Romola, the nurse, doing noble deeds amid the pestilence, rescuing those who were ready to perish, we love." Let me urge you to permit yourselves to realize the satisfactions which come with giving. A kind word to a distressed soul, a gentle pat are as much a part of nursing as the administration of drugs.

And now, full trained in the ways and methods of modern science you are ready to practice your profession. Three years of intensive training have prepared you for the best in nursing practice. Would that the marvels of our age could have endowed you with all your needed skills without the long hours and hard work you have given to your training. Would, too, that you might have sprung fully equipped from the brow of Miss Childs on merely evincing a desire to become a nurse. Our 20th century, marvelous though it is, has contrived no means as yet to accelerate the development of a nurse or doctor. Shaw has something to say about this in his preface to *Back to Methuselah*. "(For instance) Raphael though descended from eight uninterrupted generations of painters, had to learn to paint apparently as if no Sanzio had ever handled a brush before. But he also had to learn to breathe, and digest, and circulate his blood. Although his father and mother were fully grown adults when he was conceived, he was not conceived or even born fully grown; he had to go back and begin as a speck of protoplasm, and to struggle through an embryonic dog, and had neither a skull nor a backbone. When he at least acquired these articles, he was for some time doubtful whether he was a bird or a fish. He had to compress untold centuries of development into nine months before he was human enough to break loose as an independent being. And even then he was still so incomplete that his parents might well have exclaimed 'Good Heavens! Have you learnt nothing from our experience that you come into the world in this ridiculously elementary state? Why can't you talk and walk and behave decently?' To that question, Baby Raphael had no answer. . . . The time may come when the same force that compressed the development of millions of years into a few months may pack more millions into even

a shorter space so that Raphaels may be born painters as they are now born breathers and blood circulators."

You have been guided through the embryonic stage and you are now ready to leave the mark to perform these acts of mercy of which the profession of medicine is so proud. In so doing, regardless of your field of activity, whether it be institutional, public health, or industrial, you will come to realize that there is much in the care of the sick for which formal training could offer you only incomplete preparation, and you will have reason to exclaim with the rest of us that your problems would have been greatly eased, had you been granted wisdom as well as training. As members of the medical profession you will become quickly aware of the fact that you must grow with advancing knowledge and you will be inspired rather than discouraged by the realization that newer knowledge is constantly undermining old concepts, so that many of the ways and methods with which you are now equipped will soon be replaced by better ways and methods. Good nurses, like good doctors, must keep abreast of advancing medical knowledge for the good of their souls as well as for the good of their patients.

But the knowledge which comes with greater experience will be as nothing compared with the wisdom which you must acquire in the handling of patients. Those of you who have entered nursing with a desire to help relieve suffering will have little trouble in the acquisition of such wisdom; the others will find the going hard. For it is something not acquired from books. It is not psychiatry. Psychiatry can provide you with an understanding of human motives and undercover mechanisms, but it cannot instil in you the love of your fellowman which those of us who deal with human lives must have. I ask you therefore to permit yourselves full play of this feeling. It is not sentiment; it is rather a realization of the impulses which prompted you to become nurses.

Time alone can teach you some of those bits of wisdom in dealing with patients which it has taken many years to understand. You must never lose sight of the obvious fact that you deal constantly with the sick and that sick people cannot be assessed at healthy standards. A sick person is an anxious person, and no matter how trivial his ailments may seem to those charged with his care, he is a person obsessed with the fear of death. The fear of illness is a fear of death, and for this reason, impatience with a patient's complaints is unforgivable on the part of the nurse or doctor. Some patients may have the capacity to hide or suppress their anxiety better than others, but those who appear to have no anxiety in relation to illness are often the most fearful. Patients often have a way of making unreasonable demands on doctors and nurses, but it is best to disregard them and to recall only that illness engenders fear and that apprehensive people often seem unreasonable. It is as well to eliminate the word uncooperative from your vocabulary. To me, there is no such thing as an uncooperative patient. There are only uncooperative doctors and nurses. Experience will teach you that nurses and doctors are recipients of confidences which die with the recipient. "If thou hast heard a word, let it die with thee, and be bold, it will not burst thee." One further bit of wisdom you will acquire if you are to remain happy in your profession. In a profession such as ours it often happens that unjust criticism is levelled at the nurse and doctor after unselfish attentions. If you are to preserve your peace of mind, you must soon learn to overlook such criticism and to forget it in the good which you do for others. Conversely, you will not look for credit for what you have done. That can come only from within, through the realization of your own impulses for good.

We stand in the midst of a crisis in nursing and medical education, a crisis which unfortunately has been expressed largely in practical values, a crisis which has crystallized needs for better hours, increased wages, pay for internes and longer vacations, to choose but a few random examples. So absorbed have we become in bettering our-



selves that we seem to have lost our moral perspective. Circumstances have forced on us a consideration of economic problems, and so immersed have we become in these, that we seem to have forgotten the humanitarian aspects of medicine. We entered medicine presumably to help the sufferer and to bring to the bedside all that sympathy and love could contribute. I think we run the risk of forgetting all this in our absorption in more practical matters and it is this to which rededication is necessary.

I have little further to say, except once again to hope that in the consideration and solution of the problems which beset present day nursing, the ideals for which the mother of nursing sacrificed her life be not forgotten or forsaken. In the last analysis, it is those which bring the most lasting satisfactions. You have been well-trained in an outstanding school, and the quality of your mercy is an even nobler reflection of your training than the calibre of your knowledge. In both, however, I am sure that you will all redeem yourselves, and that you will help bring to a confused world some of that spirit of mercy and understanding which transcends all prejudice and defies definition.

## THE HOSPITAL PHARMACY

HERBERT L. FLACK, M.Sc., *Chief Pharmacist*

A spirit of cooperation continues to exist between the Pharmacy and the Nursing Service. In fact, as the years pass by, the need for, and the desire for cooperation becomes clearly more evident. In the past year, Pharmacy service has continued to function despite minor changes in the technical personnel involved, with no changes in professional personnel. A new phase has been added to Pharmacy responsibility, that being the addition of the Oxygen Therapy Department as an integral part of Pharmacy, where before it functioned through Pharmacy for the telephone contact, but with responsibility to another department. With this addition of personnel, the Pharmacy staff has increased to the following: six full-time staff pharmacists, five intern pharmacists, nine technical and lay personnel.

### Pharmacy Service

One object of Pharmacy service is to present medications to the nursing service in as adequate an amount as required and to have them available as soon as possible after the order is written on the patient's treatment sheet. Toward this end, Pharmacy operates a delivery service which makes five deliveries of drugs daily to all nursing units. In an effort to keep the nurse at the bedside and to keep her from being a messenger, carrying requests for drugs to Pharmacy and returning to the nursing unit with the medication, an elevator pick-up has been instituted. Thus for both passenger elevators in the Annex, and for the service elevator in the Main Building, there is provision made for a pick-up of charge slips and other requests by the elevator operator. In the Annex, the nurse should not signal for the elevator, but when an elevator stops to receive or discharge passengers, the nurse should give the Pharmacy requests to the operator. The procedure differs in the Main Building, where the nurse must signal for the service elevator to stop and pick up the Pharmacy requests. Fifteen minutes prior to every delivery, there is a check made of these three elevators by the Pharmacy Courier. Thus in every delivery, Pharmacy is within about twenty minutes of the ordering of a medication on a nursing unit.

### Storage of Drugs

Attention of all nurses, and especially of the private duty nurses, should be focused on the need for maintaining a strict alphabetical classification of drugs as stored in the medicine closet. This is especially true of the Annex nursing units,

where with adequate space, it has been possible to designate sufficient room for storage of specific type drugs or designated shelves of the medicine closet. This procedure is more difficult to accomplish on the ward nursing units, where there is barely sufficient space for drug storage.

Internal liquids should be arranged in one section or on one shelf, and subdivided on the shelf according to the alphabetical classification, using the name of the active ingredient as the alphabetical location. For example, the container for Compound Benzoin Tincture USP should be located under "B" with the external preparations. Aromatic Cascara Sagrada Fluidextract USP should be located under "C" in the internal preparations. If each nurse cooperates in returning every container to its proper alphabetical and group classification, even though she might not have found it properly located, there will be very little time required for locating of a desired container of medication.

A printed requisition listing free floor stock drugs is now in use. This requisition can be used for several things, one being to serve as an inventory of the free floor stock items that are available. Another use is in ordering, where since the requisition is arranged in the same manner as the majority of the stock, i.e., alphabetically listed in specific groups, as internal liquids, external liquids, etc., the nurse need merely inventory existing floor stock and record the number of units needed to bring the floor stock to maximum inventory.

Attention is directed to the requirement that no drug container be labeled by a nurse or by anyone outside the Pharmacy, nor should an unlabeled container of a drug be used, no matter how certain the nurse, physician, or other person might be as to the contents. Serious results have occurred in other institutions where relabeled and/or unlabeled containers have been used, with eventual trouble coming to the personnel involved in their use. A competent pharmacist is as near as the telephone, which requires but a few seconds to use in case there is any question about the labeling of a container or where the label has possibly fallen off. In either case, the call to Pharmacy will produce a request to not use the container and will find a replacement container being sent to the nursing unit in short order.

All medications leaving Pharmacy for the nursing units are dated. This dating is in form of a code that makes each succeeding day of each year a higher number. Thus the code for March 10, 1952, would be 520310. The label on all free floor stock bears the statement, "Use lowest number first." This is followed by the date code. All nursing personnel knows the desirability, in fact the requirement, to use the oldest medication first.

Hardly any nurse would knowingly purchase a new 1951 automobile when there was a new 1952 automobile (same make and model) standing beside it and costing no more. This should hold for drugs on the nursing unit, in fact it should be more closely considered since many drugs decompose or deteriorate on standing, and may be less effective, whereas the 1951 automobile will merely command a lower trade-in value, but will run just as effectively as the 1952 model.

### Decomposition of Drugs

Many drugs are amenable to decomposition on long standing or under peculiar conditions of use. The average nurse is alert to the many indications of decomposition or impotency of drugs. For the nurse who has been out of practice for a while, there are certain new drugs in use which provide characteristic signs of decomposition as follows:

a. Biologicals, penicillin preparations, and certain other drugs have expiration dates beyond which they should not be used. It takes but a second to search the container or package label to determine the date stamped thereon. Though this date



usually provides a leeway in the actual date on which the preparation would be below minimum potency, there is no reason to use it past the expiration date, and the container should be returned to Pharmacy for exchange for a new one.

b. Penicillin G Sodium Injection USP is presented to the nursing units already diluted, and with a date stamp thereon indicating the date of dilution in the Pharmacy. The reason for dilution by mass-dilution technics in Pharmacy rather than on the nursing units, is to save the time of the nursing staff, which would normally be required to dilute each individual million unit vial. Penicillin G Sodium is stable at room temperature in the dry form for an indefinite period of time. In solution with no buffer, it decomposes rapidly when stored at room temperature. In solution with a specific amount of sodium citrate buffer, it is stable for several days at room temperature. This latter procedure is used by Pharmacy in presenting the drug ready for injection. If stored at refrigerated temperature the Penicillin G Sodium dispensed by Pharmacy will be stable for at least a week. When stored at room temperature the solution is stable for one to three days, depending on date of dilution. NO PENICILLIN G SODIUM SOLUTION should be administered if it has the slightest turbidity, haze, or sign of precipitate. Such vials should be returned at once to Pharmacy via the elevator pick-up.

c. Benzalkonium Chloride Solution USP with Anti-Rust is used throughout the institution as a cold-sterilizing agent for instruments and has other uses. It is dispensed as a concentrate colored green, which is diluted to one gallon to provide the proper germicidal concentration. When the concentrate or the finished solution is colored anything but a peppermint green, e.g., yellow or brown, it should be returned to Pharmacy if the concentrate, or discarded if the finished solution.

d. Thiamine Chloride Injection USP should be colorless or water-white. The tablets should have no color to them either. A useful sign of decomposition of thiamine preparations is the yellow to brown discoloration that is produced.

e. Ephedrine Sulfate, Sodium Citrate, and certain other solutions where there is a water-white preparation involved, can be easily checked for decomposition. Since these solutions are readily susceptible to growth of organisms, usually molds, the nurse should check each time a dose is administered to see whether there is any precipitate or particles floating therein. Where such determination is made, the solution should be returned to Pharmacy for replacement with a new container.

#### Narcotic Check Sheet

In the past year, a specific form has been introduced to strengthen narcotic controls, designated as the Narcotic Check Sheet. This form replaces the various forms previously made individually by the efficient medication nurse for her protection. The new form provides for a three times daily inventory of narcotic stock, said inventory being taken at change of shift and involving the nurse going off duty and the nurse coming on duty, both of whom should sign the Narcotic Check Sheet where indicated. At the end of each week, the Sheet is forwarded to the Office of the Director of Nursing, who reviews it and forwards to Pharmacy where the forms are stored.

The Narcotic Check Sheet is for protection of the nurse going off duty who had responsibility of medications, and for protection of the nurse coming on duty who assumes the responsibility from the former nurse. If there is a discrepancy (shortage or overage) of narcotic drugs, it is desirable to be in the clear so that when investigation is made, there is assurance that the discrepancy did not occur while you were responsible. To accomplish this, there must be the signatures of both nurse going off duty and nurse coming on duty.

#### Does the Pharmacy Make a Profit?

This question is raised infrequently, yet with such frequency that it is desirable to present the proper concept to the nursing service. A review of the annual report of the Hospital will show that the Pharmacy does not break even, operating with the cost exceeding the income from sale of drugs. This is due to the many drugs dispensed with no reimbursement to ward patients.

Private patients receive some 100 drugs at no charge as free floor stock, while ward patients receive approximately 150 preparations as free (no charge) floor stock. These are the drugs listed on the floor stock requisition.

Charges for drugs for private patients are approximately the same as those charged by professional pharmacies in Philadelphia. The professional knowledge, experience, and consultation that is behind each drug dispensed is equal to that in the best pharmacies in this area, and we feel far exceeds the minimum acceptable standards for pharmacy practice.

Pharmacy does not operate as a concession to the chief pharmacist as is done in some hospitals. All pharmacy personnel are salaried as are the majority of hospital personnel. Income from sale of drugs accrues to the hospital, being offset by the cost of purchasing such drugs. Jokingly or otherwise, this question has been raised on occasion by the nursing staff and is answered here that all may know the status of Pharmacy operation.

#### Information, Please

Just as Pharmacy wants to serve as the information center in the Hospital, for physician, nurse, and other personnel, regarding the pharmacologic action, use, dose, etc., of drugs, so the Pharmacy is desirous of receiving comments from the physician, nurse, and other personnel, regarding pharmaceutical service in the institution. While we would prefer that you call in person with such comments, they may be written, telephoned, or brought to our attention in other ways. For the good of the institution, if you feel that there is something that can be changed for the better, if you have constructive criticism to offer, or if you don't know what you want, but think that Pharmacy can take care of your problem, please feel free to call in person or by telephone. The chief pharmacist and his staff will make your visit as nice as possible and will be receptive to telephoned calls. Don't put it off until tomorrow, tell us when you get the idea!

Pharmacy sends best wishes to the many Jefferson nurses to whom we have offered the course in Pharmacology and to whom we have been able to offer professional services.

#### NEW DRUGS

WILLIAM ZELDIS, B.Sc., *Pharmacy Intern*

One of the important factors that has brought about a steady reduction in duration of patient stay in the hospital from 15 to 20 days to the present 8 to 10 days per stay, is the development of new medicinals. New, modern, synthetic and natural medicinal agents are appearing so rapidly that it is impossible for the nursing as well as the physician staff to keep abreast of all of them. It is for this reason that the following material is presented to provide basic information about a few of the 400 to 500 new prescription item drugs released during the past year. It is hoped that this subject might be included in all future issues of this Bulletin.

*Dromoran Hydrobromide*—A new synthetic analgesic (narcotic) which is stated to be effective in relief of severe pain. It is available in tablets of 5 mg, the usual oral dose. Recently a modification in form of levo-dromoran has been tested in the Korean



fighting, with more dramatic success than with the originally produced dl-dromoran. Usual oral dose of the levo form is 1.5 mg; subcutaneous dose 2 mg.

**Aerosporin**—The trade name for Polymixin-B, an antibiotic effective against many Gram-negative organisms, specifically, *Ps. aeruginosa*, *H. influenzae*, *A. aerogenes*, *E. coli*, *Kl. pneumoniae*, and *Shigella*. It may be administered intramuscularly and intrathecally, orally, and topically. Usual dose about 75 to 100 mg four times daily. Available in 50 mg (500,000 unit) tablets and vials.

**Compenamine; Cer-o-cillin**—Two hypoallergenic preparations of penicillin. The normally effective salts of Penicillin are Penicillin G Sodium (or Potassium) and Penicillin Procaine. Any reaction exhibited to the usual penicillin salts will be minimal with these hypoallergenic preparations. Dosage is the same as for the regular salts.

**Combiotic P-S; Duracillin A-S in Dihydrostreptomycin Solution; Dicrysticin**—Combinations of Penicillin Procaine, Penicillin G Sodium, and Dihydrostreptomycin Sulfate, usually in concentration of 300,000 units; 100,000 units; and 1 Gm, respectively. These combinations are effective against certain Gram-positive and Gram-negative organisms. They are used for certain cases of bacterial endocarditis, urinary tract infections, and surgical prophylaxis.

**Neomycin**—Available in several proprietary title forms (Myciguent) in ointment form, this antibiotic has specific effectiveness against infections caused by *P. vulgaris* and certain others.

**Asterol Dihydrochloride**—A new antifungal agent, available in ointment and powder form.

**Selsun Suspension**—A liquid containing solenium sulfide which is used in treatment of seborrheic dermatitis and common dandruff.

**Polyvinylpyrrolidone (PVP); Dextran**—Two products being tried as substitutes for blood plasma, but usually not as substitutes for whole blood.

**Itrumil**—An antithyroid drug containing iodine organically incorporated in a thiouracil molecule. Available in 50 mg. tablets with a usual oral dosage of 300 mg. daily, depending upon response of patient.

**Tensilon Chloride**—A new and potent curare antagonist with very short onset of action. Available in concentration of 10 mg. cc. in 10 cc. vials.

**Telapaque**—A new cholecystographic medium has been under clinical investigation in this and other hospitals. It is thought to be superior to Iodaphonic Acid Tablets USP which is used at present.

**Mercaptomerin (Thiomerin)**—A mercurial diuretic said to be less toxic than presently used mercurial diuretics. It is available in rubber stoppered vials that must be diluted before use. Usual dose is 1 to 2 cc. subcutaneously or intramuscularly.

**Piperoxane Hydrochloride (Benodaine)**—An adrenolytic drug of value in the diagnosis of pheochromocytomas. Usual adult dose is about 20 mg. intravenously; available in 20 mg. cc. in 10 cc. ampuls.

**Dormison**—A non-barbiturate, non-habit forming hypnotic useful in the treatment of insomnia. Administered orally in doses of 250 to 500 mg. (one or two capsules), it is moderately free from toxicity. Available as 250 mg. capsules.

**Prenderol**—A new synthetic anticonvulsant and muscle relaxant useful in spastic conditions resulting from spinal cord dysfunctions. Available in 0.5 Gm tablets with a usual dose of 80 to 110 mg. 1b. day in 5 or 6 divided doses.

**Cumopyrin**—A new synthetic anticoagulant with actions similar to those of Dicoumarol, but whose advantages are said to be greater. It is of value in prophylaxis and treatment of intravascular thrombosis, alone or in conjunction with heparin, in management of postoperative thrombophlebitis and pulmonary embolism. Usual maintenance dose is 12.5 to 50 mg. daily, available in 25 mg. and 50 mg. tablets.

**Mechlorethamine (Mustargen); Triethylene Melamine (Tem)**—Two nitrogen

mustards somewhat efficacious in treating lymphosarcomas, Hodgkin's disease, and chronic lymphatic and myelogenous leukemia. Mechlorethamine is available as 10 mg. powder ampuls, which are diluted for intravenous injection.

**Banthine; Prantal**—Two anticholinergic agents employed therapeutically in the treatment of peptic ulcer, and associated diseases. Considered to be less toxic than atropine with fewer side effects. Banthine is available in 50 mg. tablets with usual dose of 50 to 100 mg. every six hours. Prantal is available in 100 mg. tablets.

**Levophed (Nor-Adrenlin)**—A synthetically produced hormone of the adrenal medulla considered to be a potent vasoconstrictor and useful in hypotensive conditions. Available in 0.1% concentration in 4 cc. ampuls, for intravenous administration.

**Hydergine**—An adrenolytic agent consisting of three alkaloids of ergot, which has shown promise in the treatment of migraine and peripheral vascular disorders. Available in 1 cc. ampuls for intramuscular administration.

**Varidase**—A combination of enzymes, streptodornase and streptokinase, elaborated by hemolytic streptococci has been of value clinically in the removal of clotted blood and fibrinous or purulent accumulations in the thorax and other soft tissues. It is used in postoperative or traumatic hematoma, empyema, and related suppurative conditions. Available as powder, which must be diluted for local application or into a body cavity, never given intravenously.

**Cortisone Acetate (Compound E)**—A synthetic steroid which has shown great promise in many disorders, namely, rheumatoid arthritis and its variants, acute rheumatic fever, bronchial asthma, acute inflammatory disease of the eye, certain skin diseases, Addison's Disease, and others. It is indicated for substitution therapy in adrenal insufficiency. It is available in 25 mg. tablets and in sterile suspension containing 25 mg. cc. for intramuscular injection only. It is usually used ophthalmically in 5 mg. cc. concentration.

**Corticotropin (Adrenocorticotropin, ACTH, ACTHAR)**—This drug has similar use to Cortisone, differing in mode of action which is to stimulate the adrenals rather than to provide a replacement function, and in certain specific uses. It is available in solution for intramuscular injection, in concentration of 40 units (mg.) cc., 5 cc. vial.

## MARRIAGES

Berenice Freudenberger, '27	Warner Collins, Sr.	Margaret Cossman, '47	Eli Kopcho
Helen L. Deane, '33, White Haven	Paul J. Kiraly	Lucy Banks, '47	Samuel Stillings
Marie Hurd, '36, White Haven	Mr. Johnson	Paula Correnti, '47	Archie Tyler
Edna Garretson, '39	Truman Eyler	Lois Bilger, '48	William P. Kelley
Kathryn May, '39	Al Silver	Ruth Cogan, '48	James F. Koch
Frances Trimble Ryan, '42	John Barnard	Nancy Weikel, '48	Mr. Ritzman
Lois Davis, '43	Richard M. Cabrey	Jeanne Stamm, '48	Wallace Campbell
Jane Workman, '43	Stephen Pawlak	Helen Sickenberger, '48	James G. Taylor
Elizabeth Byrne, '43	Mr. Kimlin	Dorothy Diehl, '48	Jack L. Dickie
Jean MacMullen, '44	Alex Koutsouros	Alexa Dombrosky, '48	Arnold Seepol
Alma Fleegle, S'45	Mr. Williams	Ellen Maneval, '48	James Karvasale
Miriam MacFarland, S'45	Bruce V. Galloway	Lillian Casaday, '48	Andrew Bagamery
Marjorie Fairer, S'45	John L. Cummins	Elinor Geyer, '48	James Hayes, Jr.
Marilyn Climenson, F'45	W. Keith Eubank, Jr.	Florence Servello, '49	Alton S. McAlpin
Marilyn Dinlocker, '46	James Hodge, M.D.	Shirley Snyder, '49	Frank A. Bittner
Josephine Pispecky, '46	Edmund G. Warner	Elizabeth H. Wargo, '49	William Corrick
Claire Shottin, '46	John Hogue	Rita Gerngross, '49	William J. Perkins
Evelyn Grim, '47	Murray Bett	Jean Beard, '49	William Davison
Eleanor L. Gast, '47	Ralph T. Foulke	Pauline Prebula, '49	Dennis Ronco
Emma L. Lutz, '47	Edward T. Subers	Mary L. Bell, '49	Louis Santoro
		Betty Lundy, '49	Charles Polito
		LaVerne Augustine, '49	Louis Lang, Jr.
		Mildred McCormick, '49	Edwin Galvin



Anne Granger, '49	Robert Doubet	Marjorie Whiteleather, '50	David Schramm
Helen Parcel, '50	E. G. Bowhall, Jr.	Helen Myers, '50	William Rosencrans
Joan Shaver, '50	Ulrich Herman	Wealthy Morrow, '50	Roy Shutt, Jr.
Mary Osborne, '50	Charles Foy	Jeanette Bauschard, '50	Wilber Kaucher
Lois Kleintob, '50	Charles Jernstrom, M.D.	Barbara Edwards, '51	Harold Beam
Joyce Walters, '50	Richard Hill	Dorothy Dewees, '51	Joseph LoSasso
Agnes Palichka, '50	Joseph Baker	Magdaline Macinko, '51	Parrott Moseley, M.D.
Ruth Swinehart, '50	Charles Meiroth	Mary E. Barclay, '51	Chauncey Paxson, M.D.
Donna Fleck, '50	Donald G. Gearhart	June Bareuther, '51	William Graf
Sara Young, '50	Joseph Konstanzer	Delma Kaehler, '51	Kenneth Odenrider
Louise Hoffman, '50	John T. Douglas, M.D.	Janet Harrington, '51	Curtis Melvin
Rita Krestynick, '50	William Bolinsky	Elizabeth Moll, '51	Earl Robbins
Helen Johnston, '50	Cornell Dowlin, Jr.	Shirley St. Clair, '51	William Pontus
Dorothy Wachter, '50	Joseph Brett	Jean Mumper, '51	Ray Siebert

## NEW ARRIVALS

Sylvia Cole Vlam, '32	boy	Charlotte Cooper Phillips, F '45	girl
Lee Detweiler Hammond, '32	girl	Kathryn Glass Labate, F '45	boy
Ellen Piatt Vetenko, '33	girl	Louise Brodinski McGowan, '46	boy
Mary Rotz Evans, '45	twin boys	Suzanne Shoemaker Crain, '46	girl
Clara Sweeney McArthur, '36	boy	Jeanne Null Colvecchio, '46	boy
Isabelle Williams Snedaker, '38	boy	Elaine Schapper Flood, '46	boy
Julier Umberger Light, '39	boy	Georgianna Molitor Anderson, '47	boy
Hope Kramer Mood, '40	girl	Gwendolyn Stoupe Callis, '47	boy
Alice Freed Moore, '40	boy	Bobbie Hill Davis, '47	girl
Alma Shaffer Shofstall, '40	girl	Wanda Edgell Clements, '47	girl
N. J. Wawrynovec, '40	girl	Betty Whyson Mathers, '47	girl
Gladys Hoffman Brundage, '40	boy	Carole Stevens Covert, '47	boy
Mary Rich Saylor, '41	girl	Elaine Gover Hampton, '47	girl
Sydney McClure Bechtel, '42	boy	Sally Newkirk Boswell, '48	girl
Kathryn Tomasso Beitel, '42	girl	Shirley Darling Schott, '48	girl
Dorothy Fraley Templeton, '42	girl	Nadine Dopirak Fetsko, '48	girl
Dolores Sample Nelson, '42	boy	Anna Hayes Rahn, '48	girl
Mildred Fromthling DeKorte, '42	boy	Anna Painter Chalupa, '48	girl
Anna Ericson McCormick, '42	girl	Mercedes Brown Christ, '48	girl
Elaine Meyle Trankley, '43	girl	Hazel Trimmer Barkdoll, '48	boy
Ruth Fisher Dougherty, '43	girl	Anne Granger Doubet, '49	boy
Mildred Snyder Francis, '43	boy	Priscilla Kresge Nicholson, '49	boy
Helen Steinmetz Tannanis, '43	girl	Helen Dougherty Barrett, '49	girl
Sally Kreiser Harris, '44	boy	Rita Gerngross Perkins, '49	boy
Lorraine Browne Priestly, '44	girl	Barbara Brown Breen, '49	girl
Evelyn Sherick Sell, S '45	girl	Mary Freed Herman, '49	girl
Lenore Brady Strigari, S '45	girl	Harriet Hough Linquist, '50	boy
Janet Hawke Clelan, F '45	girl	Isabel Gunsallus Lutterloh, '50	boy
Ida Jean Fluck Bertram, F '45	girl	Shirley Leidy Edwards, '50	boy
Helga Zundt Michael, F '45	boy	Martha Lundfelt Peters, '50	boy

## NECROLOGY

Urieta Minner Coakley, '27	May 1, 1951
Mary McGlynn, '28, White Haven	May, 1951
Sara Gonder, '15	May 15, 1951
Anna Melander, '19	May 19, 1951
Olive Mowcomber Rountree, '02	May 25, 1951
Bertha H. George, '03	1951
Anna Comsick Reiner, '23, White Haven	August 8, 1951
Hilda Hepler Griffith, '24	August 9, 1951
Ethel M. Hunt, '21	August 12, 1951
Barbara McCoy McGuigan, '25	August 10, 1951
Elizabeth E. Kasales, '36	July 25, 1951
Sara Pfaltzgraff Barrick, '27	August 20, 1951
Viola Hafler Shafer, '20	August 22, 1951
Caroline Kemmerer, '40	September 13, 1951

Clara Dinkle, 1895	October 7, 1951
Estelle Doherty, '26, White Haven	October 30, 1951
Olive J. Cleaves, '20	November 2, 1951
Mary Orchard, 1895	February 13, 1952
Ellen Hobbs, '14	February 28, 1952

## ALUMNAE NOTES

At the Alumnae Luncheon in 1951, the Class of 1926 contributed \$160.00 to the Relief Fund; the Class of 1931, \$75.00 to the Relief Fund, and the Class of 1941, \$50.00 to the Relief Fund in honor of their respective anniversaries. A grand gesture, and our thanks to you!

The Class of 1931 really had a grand time at the Luncheon in 1951! Miss Emma Bahner and her committee arranged to have a floral centerpiece for their table and a gardenia for each member present. They also compiled a scrap book with a page for pictures and a brief biography of each class member. That afternoon Miss Bahner entertained her classmates and guests in her apartment in the Nurses' Home.

Ruth V. Spencer, '34, has been appointed Director of Nurses at Ohio Valley General Hospital in Wheeling, West Virginia. She had been Assistant Director previously.

Mary Tananis, '36, is Assistant Director of Nurses at Hamburg State Sanatorium.

Rose M. Kershbaumer, '48, became a member of the Medical Mission Sisters in August, 1951.

Dorothy B. Ranck, '39, resigned as Associate Director of Nurses at Jefferson in order to attend the University of Pennsylvania.

Lois Stein, '36, who had been associated with Pennsylvania's Lying-In Hospital, was appointed Associate Director of Nurses at Jefferson in September, 1951.

Dorothy J. Edgar, '42, resigned as Educational Director at Jefferson in order to com-

plete work on her Master's Degree at Columbia University.

Miss Dorothy Nentwig was appointed Educational Director at Jefferson. She graduated from St. Mary's Hospital in Saginaw, Michigan, and received her B.S. Degree from Wayne University in Detroit in 1950. She was Nursing Arts Instructor at St. Mary's Hospital in Saginaw before coming to Jefferson.

Anna C. Read, '47, and Eugenia Barnard, Fall '45, have joined the Navy Nurse Corps.

Major Madeline Ullom, '38, received her Master of Science Degree in Nursing Service Administration at Catholic University, Washington, D. C. She is now Chief Nurse of the Army Hospital in Albuquerque, New Mexico.

Anna Welsko Billie, '28, retired from the Navy Nurse Corps in October, 1951, with the rank of Lieutenant Commander. She now resides in Jacksonville, North Carolina.

Patricia Crawford, Fall '45, and Dorothy M. Irvin, '46, have joined the Army Nurse Corps.

C. T. Betz, Fall '45, is with the 141st General Hospital in Southern Japan. She was Night Supervisor at Jefferson before she was called to active duty with the Army Nurse Corps.

Our deepest heartfelt sympathy goes to Lillian Cool Wells, '29, on the death of her husband, Warren Wells.

Rachael A. Donald, '51, joined the Army Nurse Corps.

In the Class of 1952 there are three daughters of "Jeff" graduates. These are: Claudette Zechman, Delores Evey and Ann Craver.

## THE STUDENT NURSE ASSOCIATION OF PENNSYLVANIA

PAULLY JANE BOERLIN, '53

At the annual convention of all the Pennsylvania nursing organizations in Pittsburgh last October, meetings for student nurses were arranged in order to permit them to decide whether they wanted to form a student organization on a state level. The majority of the 533 students, present from all parts of the state, reacted most enthusiastically, and Pennsylvania became the 34th state to form such an organization. The Alumnae Association sent Shirley Price, President of the Student Government Association, and P. J. Boerlin, acting House President, to represent Jefferson at these meetings.

The two scheduled sessions proved inadequate to complete the business at hand. Consequently, two other sessions were held at the Western Pennsylvania Hospital Auditorium because there was no space available at the hotel. At these meetings, it was voted that the new organization be co-sponsored by the PSNA and PLNE, and the following officers were elected: President, Anne Terranova, Mount Sinai, Philadelphia; Vice-President, William Zeitz, Pennsylvania Hospital for Men, Philadelphia;



Recording Secretary, Maybelle Huber, Women's Medical College, Philadelphia; Corresponding Secretary, Patricia Vesey, University of Pennsylvania, Philadelphia, and Treasurer, Carolyn Kuesher, Presbyterian Hospital, Pittsburgh. Two committee chairmen were also elected: Ruth Boyer, University of Pennsylvania, Committee for Student Government, and Paully J. Boerlin, Jefferson Hospital, Committee on Constitution and By-Laws.

Since all of the officers except the Treasurer are from Philadelphia, frequent meetings have been held. At a December meeting, it was decided to publish a NEWS LETTER to send to each school of nursing in the state so that they might follow the progress of SNAP.

A few of the objectives of the Student Nurse Association are:

1. To promote professional and social unity among all student nurses in Pennsylvania.
2. To serve as a channel of communication between student nurses' organizations and the various units of the professional nurses' organizations.
3. To recruit students for nursing.
4. To make individual school needs known in order to get help wherever possible. (Example: The formation of a Student Government within the school to join with others who will one day become a district organization.)

From the above, you can easily see that SNAP is striving to organize itself on a sound and lasting foundation. A letter from one of the smallest schools in Pennsylvania best summarizes the importance of such a group: "We feel that the organization will be a definite aid to small schools like our own. As one alone, we can do very little, but as an organization of many schools, large and small, there is no limit to what can be accomplished."

## STUDENT'S CORNER

MARILYN PLAISTED, '52, AND JEANNE FLANAGAN, '52

April, 1952

Dear Diary—A rainy afternoon, and what better thing to do than browse through the pages of the past year . . .

April 20th, 1951

Dear Diary—Tonight we had our spring formal at the Sheraton Hotel. Like all the dances sponsored by the Women's Board it was a huge success in every respect. We came home dead tired, but happy.

May 3rd, 1951

Dear Diary—We tried something new and different today for making money for the year book. The class of '52 has just taken over the Dutch kitchen and had a gala opening by way of a bake sale. It was a lot of fun and well worth the effort.

May 11th, 1951

Dear Diary—After two weeks of painting murals, getting barkers, and worrying in general, our carnival night went off without a flaw. The penny pitch, the bean jar, the raffles, and dancing, too, all made for a merry and festive evening.

July-August, 1951

Dear Diary—You've been sadly neglected lately, but now that summer is here we hardly have time to think. First, there was the annual party at Mrs. Brown's and then

several other swimming parties at homes of the various other members of the Nurses' Home Committee. And then, of course, on our own we took some trips to the shore and to the neighboring lakes; and let us not forget vacations. All in all it was a very full summer.

September 6th, 1951

Dear Diary—The new probies arrived today. We were all glad to see them come, especially since that moved all of us up another notch. We had a party for them tonight. They seem like an eager and happy group of young ladies.

October 26th, 1951

Dear Diary—We always have so much fun at an old clothes party. Tonight we had one in keeping with Hallowe'en, complete with ghosts, corn shocks, pumpkins and everything. We really splurged on the Spook Shuffle, and held it in McClellan Hall. Oh, Oh—thought I just spotted a black cat—better run for now.

December 8th, 1951

Dear Diary—I'll never know what happened to November. Thanksgiving has come and gone so fast, and Christmas is just around the corner. Last night was our winter formal, and as always a wonderful time was had by all. The only thing left now is the memory and a wilted corsage.

January 18th, 1952

Dear Diary—Tonight the seniors took a page from West Point's book and had a 100th night dance. Imagine! Only a hundred nights until graduation!

February 5th, 1952

Dear Diary—Went to Student Council meeting tonight. The election of officers is being postponed a month while the constitution is being revised. A student-faculty committee is being formed now, too. I sure think that's a good idea.

February 21st, 1952

Dear Diary—Capping already. Seems as though those kids just arrived. They had a dance a couple of weeks ago as their last probie party. They all looked so proud tonight, and justly so, of their newly acquired possession.

March 21st, 1952

Dear Diary—Sure, and today, we had a Saint Patty's Day dance and, begorrah, such a crowd.

We were talking about our future plans in class today. It seems everyone's future is so uncertain in this day and age. I only hope that for all of us, those who are graduating, and those who are staying here, we will always wear our Jefferson uniforms proudly and be an asset to our school. Well, diary, I must get back on duty now.

## NURSING STAFF

### Nursing School Office:

Katherine Childs, *Director of Nurses*

Lois Stein, '36

Gladys Keiper, '42

Bettyann Auman, F '45

### Educational Department:

Dorothy Nentwig, *Educational Director*

Anna Kuba, F '45

Mary Kate Conway

Catherine Paine, '33

Dorothea Kopeck

Jessie Mark

Grace Ronco, '47

Elsie Skvir, '49

Louise Morton

Josephine Messa, '47

Marion Ramp, '51

Edith Mitchell, *Student Counselor*



**Barton Memorial:**

Helen Whitney, *Supervisor*  
 Mildred Brokenshire, '48  
 Towne Farris  
 Estelle Cauffield  
 Julia Pyle  
 Eva Claybrook  
 Elaine Borodkin  
 Emma Gallo

**Night Duty:**

Margaret Scull, '43  
 Jean Koutsouros, '44  
 Perma Davis, '41  
 Catherine Kush

**Relief Duty:**

Ethel LaMure, '24

**Male Nurse:**

James Wentworth

**Accident Ward:**

Patricia Loftus, '49, *Head Nurse*  
 Barbara Duckworth, '51  
 Betty Moore  
 Nina Davis, '51  
 Pearl Binns, '51  
 Faith Babcock

**Curtis Clinic:**

Marguerette Barnett, '14  
 Alma Johnson, '32  
 Alma Snyder Miller, '35  
 Myrtle Frank, '25  
 Catherine Stirl  
 Florence Hawks, '27  
 Nellie Chillem, F'45  
 Kathryn Rhule, '33  
 Edith Tebbs, '30  
 Alice Scharter

**Operating Room:**

Angelina Capanegro, *Supervisor*  
 Anna Craver, '21, *Asst. Supervisor*  
 Julia DeCola, *Clinical Instructor*  
 Angeline Eveland, '45, *Head Nurse*  
 Marie Welliver, '47, *Head Nurse*  
 Lois Pennypacker, '49, *Head Nurse*  
 Sherwin Nixdorf, *Head Nurse*  
 Mary Louise Santoro  
 Joan Eberly, '51  
 Lois Zug, '51  
 Joan Ancin  
 Germaine Ross, '50  
 Mary Bond, '50  
 Patricia Shoemaker, '51  
 Florence Thorp, '51  
 Eunice Harper, '50  
 Jean LaLiberte, '51  
 Nancy Gerber, '49  
 Mary Ashbridge  
 Gwen Egner  
 Joan Holzbauer, '51  
 Joan Rodrock

**Second Floor:**

Betty Piersol, '34, *Supervisor*

**Center Ward:**

Aileen Hickey, '48, *Head Nurse*  
 Elizabeth Hastings, '51

**Women's Medical:**

Marie Messa, '50, *Head Nurse*

Dolores Pauster, '51

Barbara Selen, '51

**Men's Medical:**

Dorothy Peterson, '48, *Head Nurse*  
 Mary Pearson, '50  
 Phyllis Gerhard, '51

**Third Floor:**

Doris Jones, '42, *Supervisor*

**Gynecology Ward:**

Emilie Nesveschuk, '46, *Head Nurse*  
 Elizabeth Werner, '50  
 Joanne Garber, '51  
 Jeannette Plasterer, '51

**Men's Special:**

Lucy Semerjian, *Head Nurse*  
 Grace Wheatly, '51  
 Shirley Price, '52

**Women's Special:**

Dorothy LoSasso, '51

**Fourth Floor:**

Freda Mosser, '46, *Supervisor*

**Women's Surgical:**

Jean Davison, '49, *Head Nurse*  
 Francis Majikis  
 Mary Lou Hess, '51  
 Kathleen Adams, '51

**Men's Surgical:**

Irene Narcowich, '48, *Head Nurse*  
 Bette Lotwick  
 Claire McGowan  
 Lorraine Jeitner, '51

**Urology Ward:**

Jennie Kutz, '21, *Head Nurse*  
 Arlene Miller, '47

**Bronchoscopic Ward:**

Anita Fink, '46, *Head Nurse*  
 Nancy Collicoth

**Children's Ward:**

Sally Munroe, '44, *Supervisor*  
 Geraldine Ling, *Head Nurse*  
 Kathleen McGeary, '49, *Head Nurse*  
 Elinor Satterfield, '50  
 Mary Ann Katana

**Maternity:**

Pauline Shenk, *Supervisor*  
 Dorothy Groman, '41, *Night Supervisor*  
 Bette Mengel, '49, *Head Nurse*  
 Doris Maeder, *Head Nurse*  
 Helen Goodalis

**Nursery:**

Lorraine Milewski, '49

**Private Maternity:**

Elaine Henny, '46, *Head Nurse*  
 Mary Drusedum  
 Patricia Zarella, '51  
 Anna Lehenky

**Private Nursery:**

Elizabeth Feiler, '47, *Head Nurse*  
 Helen Zbuckvich, '49  
 Delores Morton

**Premature Nursery:**

Gladys McConnell, '47, *Head Nurse*  
 Lillian Ottoson, '50  
 Sally Riley, '48  
 Alice Mankus, '52

**Delivery Room:**

Mary Jane Wargo, '47, *Head Nurse*  
 Dorothea McCormick  
 Dolores Nelson  
 Leoretta Beason

**Formula Kitchen:**

Dorothy McGuire

**Fifth Floor:**

Margaret Summers, '41, *Supervisor*  
 Betty Metzger, '43, *Head Nurse*  
 Theresa Bushek, '49  
 Nancy Katherman, '51

**Sixth Floor:**

Adele Lewis, '15, *Supervisor*  
 Marianna Westburg, *Head Nurse*  
 Nancy Thompson, '51  
 Jean Cunfer  
 Carol Young  
 Loretta Rose

**Fifth Annex:**

Janet Edwards, '47, *Head Nurse*  
 Jean Opel, '50  
 Ethel DeWitt, '51  
 Alice Schetler

**Sixth Annex:**

Mildred Barry, *Head Nurse*  
 Ellen Baran, '50  
 Anna Troxell, '51

**Eighth Annex:**

Evelyn Curran, '35, *Head Nurse*  
 Jane Hawk, '51

Betty Melnick

Janet Mayo

**Ninth Annex:**

Jeanne Mease, '49, *Head Nurse*  
 Elizabeth Shirk, '51  
 Jean Cameron  
 Alice Marley  
 Jane Reitz, '47, *Night Duty*

**Tenth Annex:**

Shirley Alderfer, F'45, *Head Nurse*  
 Mildred Beahan, '34  
 Jean Hohe, '50  
 Jane Young

**Eleventh Annex:**

Emma Frigar, '21, *Supervisor*  
 Lorraine Roche, '49  
 Joan Christman, '50  
 Mary Bechtold, '49

**Twelfth Annex:**

Veia Shontz, '30, *Head Nurse*  
 Eleanor Paris, '49  
 Janet Hindson, '50  
 Grace Lehr, '51  
 Janice Brumbaugh, *Night Duty*

**Star Floor:**

Mary Jo Muster, *Head Nurse*  
 Virginia Wesley, '51  
 June Graf, '51  
 Norma Jones, '51  
 Grace Kreeger, *Night Duty*

## GRADUATION AWARDS — 1951

The Jefferson Hospital Nurses' Alumnae Association Prize of twenty-five dollars to the member of the graduating class in the September section who attains the highest average during the three-year course to:

PATRICIA J. SHOEMAKER

The William Potter Memorial Prize of twenty-five dollars to the member of the graduating class in the February section who attains the highest average during the three-year course to:

IRENE E. MURRAY

The Adaline Potter Wear Memorial Prize of twenty-five dollars to the member of the graduating class who, in the opinion of the School of Nursing Faculty, has demonstrated outstanding ability in Nursing Arts to:

NANCY N. KATHERMAN

The Bessie Dobson Altemus Memorial Prize of twenty-five dollars to the member of the graduating class who, throughout her training, contributed the most to harmonious living in the Nurses' Home to:

JEAN A. MUMPER

The Jefferson Hospital Women's Board Prize of twenty-five dollars to the member of the graduating class who, in the opinion of the School of Nursing Faculty, demonstrated the greatest versatility and cooperation in nursing situations to:

MARION J. RAMP



## ATTENTION, CLASS OF 1942

This is our Tenth Anniversary. Let's have a full attendance on May 3rd!!

## USE YOUR MAIDEN NAME!!!

Whenever you have occasion to write your Alumnae, PLEASE use your first name, maiden name, then your married name plus the year you graduated.

Example: Marie Jones McCarthy, 1912

Mrs. William McCarthy makes it very difficult for us to locate you in our files.

Thank you.

## STOCKINGS! STOCKINGS! STOCKINGS!

Miss Keval continues to sell nylons—both dress and white. The proceeds from these are turned to the Relief Fund. If you are away from the hospital and interested—Address your correspondence to Miss Isabelle Keval, c/o The Nursing School Office.

Cut out and send to ANNA KUBA, Nursing School Office, Jefferson Hospital, 10th and Sansom Streets, Philadelphia, Pa.

## PLEASE CHANGE MY ADDRESS

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Class.....



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